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Counselling Psychologists' Experiences Of Working With Clients Who Present With Anger Issues In Prison Settings

An Interpretative Phenomenological Analysis

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Counselling Psychologists' Experiences Of Working With Clients Who Present With Anger Issues In Prison Settings:

An Interpretative Phenomenological Analysis

by

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This thesis is dedicated to Jill Edie Meagher

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CONTENTS

1.0 ABSTRACT

Background and Aims: Existing literature on working with clients who have anger issues in prison settings is largely outcome related with an emphasis on evaluating anger management programmes. Research offering insight into the therapists' subjective experiences when carrying out such work is scarce. Thus, this study aims to explore therapists' subjective responses to clients who express anger within prison settings, as well as the impact such responses may have on the therapeutic process.

Method: Semi-structured interviews are carried out with eight qualified chartered counselling psychologists who have experience of working with client anger within prison settings. Interview transcripts are analysed using Interpretative Phenomenological Analysis (IPA), a qualitative methodology that focuses on lived experiences and how people make sense of their experiences.

Results: The analysis highlights the different ways therapists understand and manage their reactions to client anger. The two superordinate themes are: (1) THREAT, including subthemes: Threat of burnout; Threat of enmeshment with the client; Threat to the therapeutic relationship. (2) CONTAINMENT, including subthemes: Containing own emotional response; The system as a container; Containment through the therapeutic framework.

Conclusion: Participants experienced significant challenges in terms of feeling burnt out, dealing with complex interpersonal dynamics and facing ethical dilemmas. They struggled to work therapeutically with clients' expressions of anger, as it produced strong countertransference reactions. This highlights the need for training in these areas to enable therapists to prepare for the challenges that working in a prison context brings. Future research investigating supervision and self-care could build on this current study.

2.0 LITERATURE REVIEW

2.1 Overview

There is no emotion about which we fret, amid greater confusion, than anger (Zisowitz-Stearns and Stearns, 1986)

The following chapter explores existing debates around anger to help contextualise current understandings of it. This is followed by a review of the existing research on 'anger management' approaches in prison settings and the rationale for a new perspective within such settings. These sections will outline how contemporary research highlights the complexity of working therapeutically with anger in prisons as well the limitations of current anger management approaches adopted within these settings. Howells (2004), for example, argues that treatment for anger within prisons has been through a period of constriction and suggests broadening the theoretical framework in which working with anger has been viewed.

The majority of studies in the area are quantitative and measure the efficacy of such programmes based on specific outcome variables (e.g., Beck & Fernandez, 1998; DiGiuseppe & Tafrate, 2003) as opposed to exploring more contextual factors of working with anger in prisons. It could be argued that current perspectives of anger management within prison settings have been strongly influenced by a positivist position whereby research focuses on finding objective 'facts' rather than exploring subjective experiences. Howells (2004) further argues, that therapeutic programmes for anger cannot be divorced from the social climate, culture and beliefs that prevail in places like prisons, which have the capacity to entirely undermine, or more optimistically, to deepen and reinforce the process of therapeutic change.

Roffman (2004) suggests that 'anger management', as a way of organising and managing anger, can unwittingly replicate a problematic way of thinking about the human organism and human experience which extends longstanding Western ideas that place emotion and reason in opposition. He posits that when the therapeutic focus is on a category of behaviour such as anger then the category, not the client or the relationship, becomes the centre of treatment (Roffman, 2004). As a consequence Roffman (2004) states that the uniqueness of the therapeutic relationship is lost and contextual issues such as race, class, gender or cultural background do not play a role in shaping treatment.

This raises potential implications for counselling psychologists working with anger in such settings, as counselling psychology promotes the reflective use of self in therapy and highly values the therapist's appreciation of subjective and intersubjective factors (BPS, 2006a). Thus, the importance of therapists' subjectivity, including all therapists' thoughts, images, feelings and physiological sensations (Gelso & Hayes, 2007), will also be discussed within the chapter. Finally, the limited research exploring therapists' subjectivity when working with client anger will be outlined, before concluding with a rationale and aim for the current study, including the choice of Interpretative Phenomenological Analysis (IPA) to address this research question.

2.2 Maladaptive Anger versus Adaptive Anger

Historically, the works of Aristotle, Seneca, and Plutarch in the second century set the stage for our understanding of anger, its control, and some of the major debates that have emerged (Schimmel, 1979). These three writers all defined anger as a strong emotion provoked when people suffer or perceive that they suffer a pain, slight, or

injury that motivates a desire for vengeance (DiGiuseppe & Tafrate, 2007). They believed anger could never be functional, encouraging abstention from it, suggesting it could cloud a person's judgement and impair interpersonal effectiveness. Further, DiGiuseppe (1995) argues that the failure of the English language to distinguish between functional and dysfunctional anger has often been a problem when considering how to work therapeutically with anger. Deffenbacher, Oetting, Lynch, and Morris (1996) argue that the word anger can refer to an emotional state, a trait, and a mood, with the 'state' of anger sometimes leading to functional behaviour. They suggest that this means always refraining from anger could interfere with signals to engage in conflict resolution. However, they also suggest that frequently experiencing anger 'state' indicates 'trait' anger, which can be dysfunctional.

Process research on emotional expression in psychotherapy suggests that anger can have an adaptive function. For example, VanVelsor and Cox (2001) used two case studies to explore the role of anger in the healing process of female sexual abuse survivors. They found that anger was a fitting emotional response to abuse, working as a vehicle to help survivors reattribute responsibility to their abusers and develop personal efficacy. In similar research by Thomas, Bannister, and Hall (2012) it was found that female survivors of childhood abuse felt empowered through several different forms of anger expression to take steps towards their recovery. Further, task analytic research has indicated that facilitating the experience and expression of anger within a theoretical framework leads to a productive psychotherapy outcome within different emotion focused therapy (EFT) interventions (e.g., self-critical two-chairing dialogues, Greenberg & Forester, 1996; unfinished interpersonal business in empty-chairing dialogues, Paivio & Greenberg, 1995). Research also suggests that appropriate expression of anger through therapy is associated with improved functioning in

psychiatric patients (Moos, Shelton, & Petty, 1973). Hence, it could be argued that there is potential value in exploring and expressing anger within a particular context, as doing so can lead to positive action and produce feelings of being in control over situations which may be threatening.

However, in psychotherapy outcome literature researchers have also found that anger expressed inappropriately by clients tends to be associated with negative therapy outcomes (Henry, Schacht, & Strupp, 1990). In a qualitative research review on anger in psychotherapy, Mayne and Ambrose (1999) found empirical studies have actually demonstrated that catharsis does not necessarily result in a reduction of anger. In fact, they suggest that venting can increase anger intensity and expression, perhaps by amplifying signals in the internal neural feedback loop. Whatley, Foreman, and Richards (1998) found that high levels of anger through venting have been negatively related to problem-focused coping across time and associated with aggressive and antisocial action. Conversely, the under-expression or over-control of anger may also be associated with negative effects including poorer social support, and increased risk of cardiovascular disease (Mayne & Ambrose, 1999).

In this field of research ‘anger out expression’ has received greater attention than ‘anger suppression’, although a study by John and Gross (2004) implied that anger suppression can also be maladaptive to an individual’s functioning on an emotional and social level. They suggest that suppression of any emotion, anger included, leads to decreased positive emotional experiences, compromised social functioning and memory impairment for social information. Additionally, Gross and Levenson (1997) found that habitual suppression of anger is as problematic as the tendency to have explosive outbursts. Thomas et al. (2012) state researchers have tended to describe maladaptive forms of anger expression as focusing mainly on ‘anger out’ (venting at others) and

‘anger in’ (holding anger inside) and both of these are seen to have adverse social and health consequences.

Thomas (2005) suggests that suppression and diversion of anger are more common in women than men, in part because of gender role socialisation for femininity, which inculcates the notion that anger is unfeminine and unattractive. Cox, Stabb, and Bruckner (1999) suggest that women experience a fundamental tension between adaptive function and societal inhibition. A large study (Praill, 2010) of American and Canadian women found that only 6.2% of women viewed externalisation of anger as appropriate. Another barrier for women with regard to anger expression has been the socially constructed belief that women are responsible for preserving relationship harmony (Jack, 1991). According to Lerner (1988) women fear a loss of connection with the other so inhibit anger and feel guilt if they do let it erupt. More recent research by Thomas (2005) validated Lerner’s claims, he also found that if women did express anger it was not for revenge as Aristotle (1941) once claimed, but was to seek relational reciprocity. Thus, Thomas et al. (2012) suggest that historically there have been conflicting views on what is functional versus dysfunctional anger, and how therapists can best address it in a therapeutic and health promoting way. It would appear that views of effectively managing and working with anger can vary greatly according to gender, status, social roles, and cultural context.

2.3 Anger as a ‘concept’

In contrast to the debate on whether anger is maladaptive or adaptive, Roffman (2004) argues it is insufficient to accept the presupposition that there is ‘anger’. He views the therapist-driven distinction between dysfunctional and functional non-disturbed anger

as an undermining of a pre-existing undifferentiated structuring of anger by the client. He suggests clinicians ought not to assume that they know what another person is referring to when using the word anger, even if it seems clear, and especially if they happen to share sufficient cultural background to indulge themselves in the illusion of self-evidence (Roffman, 2004). He proposes that if clinicians were to agree that 'there is anger' then that would constitute an achievement of consensual validation in which they have merely agreed on a description, not isolated a 'thing'. Additionally, Laughlin and Warner (2005) argue that a list of symptoms and disorders cannot capture the entirety of 'anger', and a 'diagnosis' of anger would place it as an individual internal state or condition within the client. Gergen's (1991) critique of the realist conception of emotions pertains to this discussion for it notes that,

> Even in the face of observable and quantifiable physiological measures, clinicians are faced with the vulnerability of the fundamental premises, first, that emotions do exist, and second, that they are manifest in these measures (p. 221).

Several researchers (e.g., Mikulincer, 1994; Roseman, Antoniou, & Jose, 1996; Lerner & Keltner, 2001) argue that anger can be associated with consistent symptoms, such as always being characterised by appraisals of certainty, control/power and feelings of invulnerability. However, Roffman (2004) argues that anger has been mistakenly viewed to be universally valid with consistent symptoms, irrespective of historical or cultural period. For example, research conducted by Wierzbicka (1992a, 1992b) identified several cultures that have no word for anger and she argues that emotions are private experiences that are difficult to translate from one language to another. This emphasises the impossibility of fixing a definitive, objective conceptualisation of what constitutes 'anger'. Harris (2002) argues cultural and social reasons for anger change, and that attempting to define a standardised universal concept of anger is a reflection of

the wider trend within Western cultures to medicalise emotions. The result of which is a distraction from a social understanding of anger in terms of human lives and a move towards a pathologising medical perspective.

Therefore, within this study an intersubjective understanding of anger is adopted. Such a perspective views anger as both an individual and social product; inevitably cultural discourses inform individual meaning making around anger but at the same time this process also involves individual re-experiencing and re-interpreting of the events and relationships in one's life. In this sense, anger is always an 'in-relation-to phenomenon', always occurring within the social context, and such a stance adopts the more relational values embedded within the paradigm of counselling psychology. As Roffman (2004) summarises, anger cannot be separate from context and we need to engage with lived experience and socially embedded meanings as a guide to exploring both positive and negative aspects of anger within the relationship. The next section explores current perspectives towards anger and the management of it within prison settings.

2.4 Critiquing current 'anger management' approaches within prisons

The previous section highlights how historical accounts from as early as the second century provided discursive accounts for anger which appeared to leave out more contextual understandings. Early views on anger as an emotion that is highly destructive and in need of tight control, led to laws and responses from the state as to how to regulate anger associated behaviour. For example, in recent years psychological interventions designed to improve the regulation of anger, commonly known as anger management programmes, have been used to treat all of these problems within prison settings. Such programmes (e.g., 'Controlling Anger and Learning to Manage It'

(CALM); Hollin & Palmer, 2006; Towl, 2003) have tended to occupy a privileged position within prisons since the late 1980s with the initial aim of, ‘‘addressing anger and aggression in prisoners, and the long term goal of reducing disruptive behaviour’’ (Law, 1997, p 91).

Whilst meta-analytic reviews of treatment effectiveness (e.g., Edmondson & Conger, 1996) suggest that the effect sizes associated with treatment are moderate, programme outcomes are sufficiently positive to be considered as producing reliable clinical change (Deffenbacher, Oetting, & DiGiuseppe, 2002). Indeed, Beck and Fernandez (1998) in their meta-analysis of 50 outcome studies concluded that individuals receiving cognitive–behavioural anger management therapy were 75% better off, in terms of anger reduction, than untreated controls. Further, DiGiuseppe and Tafrate’s (2003) study included 57 studies (PhD research and unpublished studies) and provided good evidence that anger management is more effective than no treatment. Their study also has useful findings for component efficacy, suggesting that relaxation training; desensitisation; cognitive therapy; problem-solving and social skills training components all receive some empirical support. However, a limitation of this study, along with many others, is that there is no investigation as to whether it is more effective than other possible therapeutic interventions such as general counselling, psychotherapy or biological interventions. This limitation has important implications for counselling psychologists working with client anger in prisons as they may tend to adopt a pluralistic approach which encompasses a broad range of skills from different modalities.

In critiquing the research further, despite these meta-analyses providing some encouragement for the use of anger management, the majority of studies do not focus on offenders, but instead on various non-forensic client groups with anger problems. It

could be argued that these groups are likely to differ substantially from offenders who have potentially acted upon their anger. In DiGiuseppe and Tafrate's (2003) meta-analysis for example, only eight of the 57 studies reviewed were conducted with offender participants, and whilst other evaluations have been conducted, many of these suffer from methodological problems, such as a lack of control groups, or an absence of behavioural measures, which prohibit their inclusion in any meta-analytic review (e.g., Valliant, Jensen, & Raven-Brook, 1995; Valliant & Raven, 1994).

Thus, considering these anger management programmes are administered on a large scale internationally within criminal justice and forensic mental health systems, it seems important to know more about the effectiveness of these programmes within prison settings. Despite their popularity, as outlined, there have been relatively few studies evaluating the effects of anger management with forensic populations. However, two large scale evaluations have been reported with offender populations which warrant specific mention. First, Dowden, Blanchette, and Serin (1999) found that a 50 hour anger management programme offered to adult male offenders in Canada produced reductions in recidivism over a three-year period, though only for high-risk offenders. A follow up study by Dowden and Serin (2002) found whilst anger-management participants were no less likely to be involved with institutional incidents than those who had not received any treatment, there were marked differences in subsequent recidivism between those who completed treatment and those who dropped out. Over the three-year follow up period, the violent recidivism rates for the dropout, control (untreated), and treatment groups were 40%, 17%, and 5% respectively.

A second set of studies by Howells and colleagues in Australia on the effects of a briefer 20 hour anger management programme with offenders produced less encouraging results (Howells et al., 2005; Watt & Howells, 1999). These studies found

no differences between the treatment groups and untreated controls on a range of dependent measures, including anger experience, anger expression, prison misconduct, and observational measures of aggressive behaviour. Although Howells et al. (2005) did find that 'anger knowledge' showed improvement with treatment, suggesting that anger management can produce change at a psycho-educational level rather than at a therapeutic level, where changes in the actual experience of anger are made. More recently, Heseltine, Howells and Day (2010) confirmed the results found in these previous studies (Howells et al., 2005; Watt & Howells, 1999), that brief anger-management programmes do not lead to statistically or clinically significant improvements (e.g., on participants' actual experience of anger such as its frequency or intensity, or on their behaviour).

Watt and Howells (1999) suggested several reasons for the poor outcomes found in their study, including poor motivation of participants, the high complexity of the programme content, low programme integrity and limited opportunities to practise the skills learned. Howells and Day (2003) have subsequently suggested that, as a group, there may be a number of impediments that prevent violent offenders from successfully engaging in treatment programmes. These include the relative complexity of cases, including psychiatric and psycho-social co-morbidity, non-therapeutic treatment settings (e.g., prisons), dysfunctional client inferences about the nature of their problem, the mandatory/coercive nature of treatment, treatment-incompatible personal goals, ethnic/cultural differences, gender and difficulties in the therapist client alliance (Howells & Day, 2003). Further, Andrews and Bonta (2006) found in their study looking into offender 'readiness' for therapy that offenders differ not only in the patterning and nature of their offences but also in terms of the variables that have contributed to the onset and maintenance of their offending behaviour.

Therefore, the heterogeneity of the population in terms of important contextual factors around anger seems an important issue to be considered when treating such a client group. It may be that by working with anger through management programmes involving large groups these more contextual issues are ignored and individual differences as well as individual experiences of clients are not foregrounded. The combined effect of these and other impediments to treatment readiness may mean that it is less likely that offenders will accept, and respond to, therapeutic effort (Ward, Day, Howells, & Birgden, 2004).

Howells (2004) suggests it is a very different task conducting anger management with someone who has no other serious problems apart from anger control than it is conducting the same programme with an offender who potentially has, for example, an antisocial personality disorder, severe substance abuse problems, limited verbal skills and an absence of family support. Day and Howells (2002) propose that the reason for this could be that anger problems are part of a more general heightened emotional responsivity in some offender populations. Therefore, anger management that deals with triggers and cognitive control strategies through psychoeducation may not be sufficient to contain the most dangerous situations when emotions overcome the capacity to think. Heseltine et al. (2010) argue that it is expecting too much of anger management programmes of such brevity to produce change in actual experience or behaviour in prisoners, who typically have long-term and multiple psychological difficulties.

Thus, from the existing literature into working with client anger in prison settings, important questions are raised about the appropriateness of simple short-term group interventions for the complex, severe, and long- standing anger problems of many offenders (Mills & Kroner, 2005). It could be argued that anger management

programmes within prisons simplify something that is complex and resistant into the simple issue of an emotion that requires management via a course that can be completed in a limited number of group sessions. The question arises that such an oversimplification must have benefits for the clinician, given that it is recommended so often despite limitations outlined by the existing body of research. As Mizen (2003) suggests such an oversimplification may act as a defence for the clinician against the true difficulties that underlie anger and violence, or may provide an alternative to the confusion and anxiety generated by not knowing. It therefore seems important to explore the therapeutic relationship with such clients, including therapists' subjective experiences when working with anger in prison settings, to find out more about this. The next section explores the importance of focusing on the therapeutic alliance when working with such a client group.

2.5 Considering a new perspective towards working with anger in prisons

More recently forensic practitioners and researchers alike have become increasingly interested in how rehabilitation programmes for violent and angry offenders should be delivered (Kozar & Day, 2012). Concerns have been expressed by some that offender treatment has become so structured that clinicians are unable to respond to individual participant needs as they arise (e.g., Serran, Fernandez, Marshall, & Mann, 2003) or even act in ways that may be experienced as punitive (e.g., Glaser, 2003). Norcross (2002) found that positive therapeutic outcomes are consistently linked to the quality of the client-therapist relationship and not to rigid programmes or techniques. On the contrary, the flexibility of the therapist is emphasised and findings suggest that psychological services are most likely to be effective when responsive to clients'

specific problems, strengths, personalities, socio-cultural context and preferences. He identified a number of factors as being effective or promising elements of the therapeutic relationship which are underpinned by the therapist's subjectivity, including empathy, congruence, the therapeutic alliance, the management of countertransference and resolving or repairing ruptures in the therapeutic alliance (Norcross, 2002).

Thus, the focus has become about how rehabilitation providers deliver treatment and which types of relationships between providers and offenders are most likely to lead to behaviour change (e.g., Marshall & Serran, 2004; Ward & Brown, 2004). Heseltine, Day, & Sarre (2011) argue that such questions focusing on the therapeutic alliance are timely in the context of a growing commitment by many correctional agencies to deliver rehabilitation programmes that have high levels of programme integrity. This new perspective could be seen to align more with counselling psychology philosophies which highly value lived experience embedded within a social, cultural and physical context (BPS, 2006a).

In the only identified piece of research involving violent offenders and the therapeutic alliance in a correctional environment, Ross, Polaschek, and Ward (2008) administered a number of measures with 70 high-risk violent offenders undertaking a 36 week treatment programme. The Working Alliance Inventory (WAI), the Violence Risk Scale (VRS), and the State Trait Anger Scale (STAXI-2), as well as measures of client criminal and violent attitudes and attachment were administered both pre- and post-treatment. Ross et al. (2008) reported that although the WAI was correlated with client motivation, psychopathy, and client attitudes, client motivation was the only significant predictor of treatment outcome. Shifts in the VRS stage of change following treatment were related to the alliance, but changes in aggression or criminal attitude were not. The WAI predicted treatment completion, but motivation was a better predictor. Further

analysis suggested that the therapeutic alliance mediates the relationship between motivation to change and shifts in behaviour and treatment completion. In other words, the alliance may be more facilitative rather than directly related to change, but nevertheless is an important factor to consider when working with such clients.

Polaschek and Ross (2010) subsequently analysed data for 50 men who attended this programme in seven treatment cohorts. They found that observer ratings on the short form of the WAI (WAI-S) predicted time in treatment but therapists' ratings did not, although therapist ratings of pre-programme stage of change did. Participants who demonstrated the most change also had the biggest increases in observer ratings of the WAI-S. Initial ratings of the therapeutic alliance, psychopathy, stage of change, and other risk variables did not predict the amount of change made. Further, the interaction between the variety of client characteristics in each of the offender groups with therapists' skills and style alone might make a radical difference with respect to treatment outcomes and their relationship with the therapeutic alliance. Client personality variables (e.g., Ross et al., 2008; Skeem, Eno Louden, Polaschek, & Camp, 2007; Taft, Murphy, Musser, & Remington, 2004), and motivational and other treatment readiness factors (e.g., Ross et al., 2008; Taft et al., 2004), are particularly pertinent in this regard, and impinge on how and when the alliance might form.

Moreover, a variety of clinician characteristics are likely to enhance the development of a strong therapeutic alliance. Ross et al. (2008) speculate, for example, that it is detrimental for clinicians to have overly high or low expectations of a client, arguing that they may feel frustrated if expectations are not met, or perhaps not develop change opportunities should they believe the client will not succeed. Kozar and Day (2012) suggest that a lack of emotional connectedness or an aggressive and intimidating interpersonal style may lead to client antipathy, increased rates of programme attrition,

and disengagement from programme content. Further, Taft and Murphy (2007), in writing about effective rehabilitation programmes for perpetrators of intimate partner violence, have suggested that the use of overly confrontational treatment techniques can limit therapeutic effectiveness by failing to acknowledge issues related to victimisation or by modelling ways of behaving that are abusive.

Constantino, Castonguay, and Schut (2002) suggest that a number of threats to the therapeutic alliance can be mitigated if they are identified within a therapeutic context. For example, they contend that to circumvent defensiveness, clinicians might use techniques that facilitate 'emotional deepening', with exploratory methods used only following decreases in symptoms of distress (Constantino, Castonguay, and Schut, 2002). They also advocate developing very specific case formulation for clients in relation to their offending behaviour, to ensure that the goals and tasks of treatment are clear.

Thus, working from an intersubjective perspective by applying relational thinking to problematic anger could be seen to be a unique and important alternative to the management orientation that has been formalised within prisons over the past century. The many intrinsic differences of context that both clients and therapists bring to the therapy room should be highly valued rather than overlooked when developing a therapeutic alliance with clients in such settings. The next section discusses some of the challenges that may arise when working in this way within a prison setting.

2.6 Challenges to working therapeutically and developing an alliance with clients with anger difficulties in prison settings

Working interpersonally with client anger in a prison environment does not come without challenges. One potential difficulty is that working in this way may sit uncomfortably with other mental health and prison professionals, as well as with the clients themselves. For example, a number of different views have been expressed about the interpersonal approach that clinicians should adopt in their work with offenders, particularly in relation to the treatment of those with personality disorders (Kozar & Day, 2012). These range from those who suggest that it is important to develop a strong bond with offenders, to those who suggest that the clinician should remain emotionally detached. Livesley (2007) suggests that a generic component of treatment with high-risk offenders who demonstrate personality disorder has two parts: the therapy relationship and the therapeutic frame, with the latter determining the therapeutic tasks required. He acknowledges that problems in trust and cooperation are defining features of personality disorders, but suggests that these can be built over time and develop as a result of effective treatment (Livesley, 2007).

A somewhat different position is offered by Milkman and Wanberg (2007) who, in their review of cognitive behavioural treatments within prison environments, advise that "the provider must approve (reinforce) the client's anticriminal expressions and disapprove (punish) the client's pro-criminal expressions" (p.13). Milkman and Wanberg further specify the need for clinicians to articulate their disapproval and report violations to prison providers. Finally, Wong and Hare (2005) have suggested that what they term a functional working alliance should be developed when working with clients who have psychopathic tendencies. This places more emphasis on the tasks and goals of the programme and less on the development of an emotional relationship. In their view this

is because characteristics such as being manipulative and lying impede their ability to form a close bond and downplaying the therapeutic relationship is also regarded as a means of safeguarding clinicians from exploitation.

Additionally, from a client perspective, research which found correlations between anger and masculinity (Milovchevic, Howells, Drew, & Day, 2001) alerts to the possibility that for some male offenders partaking in therapy to explore their anger difficulties may be viewed as 'unmanly' and likely to be rejected by them for this reason. DiGiuseppe (1991) and Ellis (1977) also suggest that certain attitudes found in clients with anger difficulties may be instrumental in preventing development of a therapeutic alliance. DiGiuseppe (1991) outlines these attitudes as, clients seeing strong anger as appropriate and justified, clients refusing to take responsibility for their anger and blaming others, clients perceiving a lack of empathy from others and getting short-term reinforcement of their anger from others. Walen, DiGiuseppe, and Dryden (1992) suggest clients with anger difficulties often perceive therapists' attempts to change their anger as them not believing the transgressor is responsible, or even worse that they fail to see the transgressor as wrong. It may be that clients expressing anger have trouble eliciting empathy from others which places additional demands on the therapist and strains the therapeutic relationship.

In related quantitative research, Burns et al. (1999) investigated measures of hostility, anger expression, depression and the Working Alliance Inventory (WAI) with 71 chronic pain patients and their occupational therapists. They found that hostility and the propensity to express anger may diminish a client's capacity to foster a collaborative relationship with their therapists. Further, DiGiuseppe and Tafrate (2007) suggest that if the intensity of a client's anger reaction is out of proportion to a particular transgression,

therapists may be quick to focus on the client's overreaction rather than validate the client's perceptions of being unfairly treated.

Another challenge to the work which DiGiuseppe (1991) outlines is that clients are often coerced into therapy for anger by agencies, courts or institutions, and as a result clients often respond with shock and disbelief to the suggestion that they change their 'angry behaviour'. The goals and tasks of interventions in prison programmes are generally not determined by the individual client but by a range of other considerations related to improving community safety. Whilst client well-being is still considered important, it is often secondary to this goal. Further, Kozar and Day (2012) highlight offenders are often very aware of the enormous amount of social control that treatment providers have over their lives. They highlight that this may be in the form of information that they provide to parole boards or prison authorities about their behaviour in programmes (which is then used to inform parole conditions and classification decisions), or to community prison case managers (who are responsible for implementing conditions of community-based dispositions, and therefore breach proceedings) (Kozar & Day, 2012). In effect a dual relationship of care and control characterises much of the work that is undertaken in the prison environment (Skeem et al., 2007).

Additionally, research (Williamson, Day & Howells, 2003) has found that for offenders, experientially anger is often intermingled or entangled with other distress emotions, such as shame, sadness, disappointment and fear. They suggest when seeking to access anger, especially among forensic populations, the probe hits upon the admixture of emotions and schemas within which anger is nested. As Howells (2003) points out high anger forensic patients typically have traumatic histories, replete with abandonment and rejection, and with economic and psychological impoverishment, potentially making

therapeutic work with such a group highly challenging. Thus, Howells (2003) suggests that for offenders it may be that anger has become an entrenched mode of reacting to adverse experiences and may underpin inertia against therapy, which has potential to replay aspects of damaging interpersonal dynamics and involve intense, previously avoided emotions that may be intolerable for both client and therapist. Day, Casey, Ward, Howells, and Vess (2010) suggest that assessing and responding to clients' readiness for treatment is likely critical and that the clinician's ability to engage clients in the therapeutic relationship, although challenging and time consuming, is likely to provide the foundation for effective practice within prison settings.

Day et al. (2010) conclude that characteristics of violent men make them particularly difficult to engage in a rehabilitative process (e.g., high levels of hostility, being legally required to attend treatment), and this can result in high levels of attrition from treatment. However, Binder and Strupp (1997) argue major deterrents to a good working alliance are not only the patient's characterlogical distortions and maladaptive defences, but also of equal importance are the therapist's personal reactions. It is impossible for any therapist to remain immune to negative reactions to the suppressed and repressed rage regularly encountered in patients with moderate to severe disturbances. They argue that therapists have not adequately faced up to the negative reactions engendered in them by their clients and highlight the need for future research exploring such reactions (Binder & Strupp, 1997).

In summary, existing research exploring treatment for client anger in prison settings has arguably been limited by an uncritical acceptance of a modernist conceptualisation of anger. Such a perspective views anger as a 'thing' to be measured and managed and lacks consideration of a more intersubjective understanding of anger which may be viewed as more in line with the ethos of counselling psychology. Rather than isolating

psychological problems largely within the client, an intersubjective view highlights the ways in which individual experience, including the experience of emotions, cannot be separated from social processes and contexts. In this sense anger can be viewed as an embodied expression of a relationship to someone or something, rather than an objective measurable concept (Flemmons, 2004). Therefore, from an intersubjective perspective it seems important to explore the subjective experiences of counselling psychologists working with client anger in prison settings, and how their responses to it may impact upon the therapeutic process. The next section discusses further the importance of therapist subjectivity within the therapy.

2.7 The importance of therapists' subjectivity when working with client anger

As discussed, therapy can be viewed as an intersubjective process, relying on deep emotional involvement from both client and therapist (Hoyt, 2001; Kantrowitz, 1997). However, as Wilson and Lindy (1994) highlight strong emotions evoked by client material may strain the empathic ability of the therapist. Therefore, an important task of the therapist is to differentiate their own contribution from the client's in order to understand the dynamics of the interaction (Gabbard, 1995; Kiesler, 2001) and contain the therapeutic relationship. Thus continuous reflection is required by the therapist on their own subjectivity and how this may impact upon the therapeutic relationship to ensure professional conduct. Gelso and Hayes (2007) outline that the therapist's subjectivity involves all the thoughts, images, feelings and physiological sensations that they experience, and that this inner world is of central importance to the therapeutic process in all modalities. Further, Dalenberg (2000) posits that,

> Almost all reactions of the therapist contain both objective and subjective features, both reactions that are dependent on the patient and reactions independent of him or her, both realistic reactions and fantasticmagical-conflictual beliefs, wishes, and emotions (p. 8).

However, there are debates about how the therapist should ideally make use of their subjectivity. For example, in the humanistic approach the therapist draws on their own experience to empathically engage with the client, but this can be seen to place existential demands on the therapist. This is exemplified further by Mearns and Cooper (2005) who posit that working relationally can be highly distressing on the therapist. On the other hand, psychodynamic theorists warn therapists against letting their history result in over-involvement with their clients. They highlight the importance for therapists to work through their inner conflicts in order to prevent their countertransference disrupting the therapy. From existential-phenomenological and socio-political perspectives, there is more of an emphasis on locating anger experiences within the cultural context whilst addressing issues of power.

Maroda (1991) suggests that countertransference discussions have come into the open, with the majority of recent theorists recommending disclosure of the therapist's feelings to the patient to advance therapy and to prevent or address impasse and/or use of countertransference as information about the patient. Further, Dalenberg (2004) suggests that conceptualising and working with countertransference has become more complicated, since the mainstream therapies now focus on when and how to disclose countertransference, rather than the question of how to suppress or overcome these reactions.

Laughlin and Warner (2005) argue, problems do not exist 'inside' clients and cannot be neatly plucked out or managed with the 'right' therapeutic techniques and models. As Roffman (2004) suggested earlier, we need to engage with lived experience and socially embedded meanings as a guide to exploring anger, rather than treating it as a 'thing-to-be-managed'. In doing so contextual issues such as race, class, gender and cultural background can then all play a role in shaping treatment. He further argues that when context is foregrounded in a discussion of anger, it serves to ground the description in the relational, shifting attention from an intrapersonal to an interpersonal, interactional domain. Therefore, it seems the question needs to shift from how to 'manage' anger to how to link it up or coordinate it with the interests, desires, and needs of the person in his or her relational surround (Roffman, 2004).

In summary, Roffman (2004) suggests that what is 'managed' is not the anger per se but the complexity of the moment; anger is just the arbitrarily punctuated starting point of the phenomenology of the experiential context. Such a frame of reference relies upon recognising and making creative use of the individual client's and therapist's world view, meaning systems, and decision making processes. For example, Benjamin (1990) when discussing intersubjective theory postulates that the 'other' must be recognised as another subject in order for the self to fully experience his or her subjectivity in the other's presence.

Thus, the intersubjective perspective emphasises the therapist's awareness on the mutually influencing process of therapy. That is, their responses both shape and are shaped by the therapeutic process. This perspective echoes the philosophy of counselling psychology which promotes the reflective use of self in therapy and the therapists' appreciation of subjective and intersubjective factors are highly valued (BPS, 2006a). Further, Dalenberg (2004) argues that research should aim to facilitate the

intersubjective process by empirically supported conceptualisations of therapists' reactions. Again, this highlights the need for this study which focuses on counselling psychologists' subjective experiences when working with client anger within prisons, as opposed to focusing on forms of treatment and outcome. The next section reviews existing research on therapists' subjective experiences and responses to client anger.

2.8 Existing research on therapists' subjectivity when working with client anger

The previous sections highlight the importance, despite some of the challenges, of working from an intersubjective perspective which takes into account the therapist's subjectivity in order to understand more about the therapeutic process within the work. This section briefly reviews some of the existing quantitative and qualitative research on therapists' subjective experiences and responses to working with anger. Due to the sparse number of studies specifically in prison settings, research from more generic settings has been drawn upon.

One of the first studies in the area was by Bandura, Lipsher and Miller (1960) which quantitatively analysed 110 interviews obtained from 17 patients treated by 12 trainee therapists. This study explored therapists' approach-avoidance reactions to patients' expressions of hostility. They found that therapists reacted with hostility or avoidance rather than responding therapeutically when hostility was directed toward them. Consequently, patients were more likely to drop the hostility topic or to change the object of their hostility following therapists' avoidance reactions. These early results highlight the negative ramifications of therapists' avoidance reactions on patients' ability to fully express difficult hostile emotions. Although in evaluating these results, it is important to bear in mind that the criterion of the influence of the therapists'

behaviour was the immediately observable effect it had on the patients' verbal behaviour, whereas had some criterion of delayed outcome been used, the results may have been different.

Following this initial work by Bandura et al. (1960) other researchers (e.g., Gamsky & Farwell, 1966; Russell & Snyder, 1966) attempted to explore how therapists respond to client anger. The results of these studies concurred with Bandura et al. (1960) finding that all therapists (trainees and experienced) when faced with client anger used more reassurance, suggestion and giving of information, but also showed more avoidance, disapproval and antagonism. Therapists also used less agreement, interpretation, reflection, elaboration and requests for information. These early studies suggest that therapists prefer to avoid client anger perhaps due to their own discomfort or anxiety. Indeed, anxiety was found to be a significant factor by Russell and Snyder (1963) when working with client anger.

However, in discordance with findings from previous studies which found no effect for counselling experience, Beery (1970), in a study where experienced and inexperienced male counsellors responded to an audiotape of client anger, found that experienced counsellors responded in a more positive and accepting manner. Beery suggested that experienced counsellors may not be as easily surprised or threatened by client expressions of anger. A similar finding was obtained in a study by Haccoun and Lavigueur (1979) with clients who expressed anger being perceived by therapists as less self-controlled, less likable, as well as difficult and seen as not wanting help as much. Therapist's amount of clinical experience led to a decrease in the extent to which clients with anger difficulties were viewed as showing poor self-control and as being difficult to get along with. However, interestingly more experienced therapists rated clients with anger difficulties as more manipulative. The increased tolerance within experienced

therapists to their clients' anger may reflect an increase in their self-confidence as competent therapists, a decrease in their discomfort level in dealing with anger, or their decreased defensiveness under stress.

Unlike Beery (1970) and Haccoun and Lavigueur (1979) an opposing outcome for counsellor experience level was observed by Varble (1968) who conducted a content analysis of several completed counselling cases by experienced staff and trainees at a university counselling centre. He found that experienced counsellors had more difficulty than inexperienced counsellors in responding to client anger directed toward them. He suggested that simply being in training may have an effect on one's responses to client anger. A study by Bohn (1967) offered some additional evidence for a training effect, showing that trainees were generally less directive in response to client anger after training. It is important to note all of the above studies used audiotapes and other analogue-type procedures so generalisability of findings therefore is rather limited, and assessment methods in some cases were unreliable such as ratings of trainees carried out by faculty members.

Building on these early studies, Sharkin and Gelso (1993) quantitatively explored how 38 counsellor trainees' personal experiences with anger possibly influenced their responses to clients' anger. They found trainee anger proneness to be positively related to discomfort with, and anger toward, the client. These findings suggest discomfort with one's own anger may make the experience of being the target of client's anger uncomfortable and anxiety provoking. They also found that trainees who are uncomfortable with their own anger, unlike predicted, do not repress feelings of anger when they are evoked. Methodological limitations of this study restrict generalisation of the results, as the study relied primarily on self-reports of trainees' feelings, and generalisations to actual behaviours should be made only with caution. Further, in

critiquing the studies thus far none investigated how therapists feel during anger events, how they think about their interventions in dealing with client anger and how these might impact upon the therapeutic relationship.

More recently, Hill et al. (2003) in their consensual qualitative research (CQR: Hill, Thompson & Williams, 1997) explored therapists' recollections of 12 hostile and 13 suspected-unasserted client anger events. They defined 'hostile' anger events as the client directly expressing anger at the therapist in an aggressive manner and 'suspected-unasserted' anger events as the client not directly expressing anger unless strongly encouraged to do so by the therapist (Hill et al., 2003). In the 'hostile' anger events therapists more often reported feeling anxious or incompetent and annoyed or frustrated, struggling to remain calm despite intense feelings, whereas they reported feeling concern for the client and trusting the relationship in the 'suspected-unasserted' events. Further, when therapists turned negative feelings outward (i.e., felt annoyed and frustrated at the client) instead of internalising feelings (i.e., felt anxious and incompetent) there was a better outcome. Although these results initially seem counterintuitive, they make sense given that therapists may have been more genuine when they allowed themselves to experience their annoyance and frustration. In contrast, when they felt anxious and incompetent, therapists may have blamed themselves, not distancing themselves enough, to be objective in processing the client's anger.

Hill et al. (2003) also found, in terms of therapist interventions, that therapists more often acknowledged client feelings, set limits and challenged clients to help the client explore the anger in suspected-unasserted events. Suspected-unasserted anger events also seemed to be resolved more often when therapists raised the topic of the anger and

then tried to help the client explore the anger and gain insight, particularly in relating the current anger to problematic behaviours in other situations. Furthermore, when the client anger was not resolved, this had implications for the therapeutic process and clients cancelled upcoming sessions or completely dropped out of treatment. However, it must be noted that their sample was disproportionately composed of experienced white female therapists treating mildly to moderately disturbed clients, so generalisations must be confined to similar samples.

Jackson (2010) in her qualitative study which used a hermeneutic phenomenological approach examined music therapists' experiences of and responses to client anger utilising a multiple instrumental case study design. Descriptive narratives of clients' expressions of anger during sessions were collected from 29 board-certified music therapists working with a variety of populations in a number of different settings. The thoughts and feelings described by the participants fell into three categories: fear including feeling 'terrified', 'afraid', 'paralysed' and worrying about the safety of those present at the time; feeling angry and frustrated at themselves for not being able to connect with the clients; and less emotionally charged feelings including surprise, understanding, and even positive feelings about the expressions describing it as a breakthrough to learn how to express emotions. Further, the results of these analyses revealed four groupings of therapists' responses, the division of which is primarily based on the therapists' intent, and which are described as models of response (the Redirection Model, the Validation Model, the Containing Model, and the Working-through Model).

Jackson (2010) outlines one significant difference between the Redirection Model and the other three models is that the therapists' stance in relation to the client was somewhat distanced. She explains as therapists in this model were redirecting anger as a

'behaviour', the therapists did not actively engage the client in the sharing of their 'feeling' of anger, nor did the therapists report feeling empathetic. In the other three models, the therapists did engage the clients in sharing their feelings, and in many instances they empathised with the client, thus taking what might be described as a more personal stance, or one in which they were more vulnerable to the clients. Jackson (2010) also examined the demographic descriptors of each grouping of cases in order to determine if any particular descriptor (clinical orientation, level of experience) appeared to be associated with any model but no such associations were apparent. She suggests that while there appears to be describable patterns in therapists' responses to client anger, these responses are not necessarily related to factors that are as simplistic as demographics.

Dalenberg (2004) examined anger as a relational process in the context of trauma and added to the literature base by focusing on client reports of (a) therapist reactions to client anger and (b) perceptions of 'unjust' therapist anger. She explored the therapist-client relationship in relation to anger with 132 participants who had completed long-term trauma therapies. She specifically asked clients what aspects of the therapist's approach they found most helpful in their therapy process. The therapy method used was psychodynamic and the results indicated that the relational aspects of the therapist's approach were most important in the client's satisfaction in therapy. She found the most common reported sources of client anger were classified as therapist shifts in boundary management, therapist disbelief or minimisation, therapist interpretation, and disagreements over patient manipulations. Specifically, clients reported that they found it most helpful when the therapist disclosed their own feelings in relation to the client's expression of anger, as well as when the therapist took responsibility for some role in disagreements in therapy that led to client anger. These aspects describe relational

qualities in the therapist that are not in line with the traditional ‘blank screen’ of psychoanalytic therapists. In fact, the qualities associated as leading to client dissatisfaction were exactly those associated with the blank screen approach. This suggests that there is a common ‘entering into’ the anger experience by both client and therapist that should occur in order for the client to gain insight into the experience of anger. It also suggests that skills are learnt through the modelling of the therapist (e.g., communication skills).

Finally, Kannan et al. (2011) who used an adaptation of task analysis to develop a model of how anger is resolved in psychotherapy identified two distinct types of processes leading to the resolution of anger. In the first process clients were directed toward managing their anger and exploring ways in which they could calm themselves in these states. As a result clients were able to identify that they were feeling overwhelmed by anger, and the emphasis in these moments tended to be placed upon strategies for quelling their anger. In the second process anger was not construed as an unhealthy or pathological emotion but rather as a useful portal to understanding underlying emotional experiences and increasing acceptance of anger. However, when this exploration ended prematurely these underlying emotions and associated needs (e.g., the need for self-soothing or communication of the fear of hurt) remained inaccessible to the client and the anger continued to aggravate the client. Despite the differences between the two processes, overall they found that therapists generally responded to expressions of anger from a supportive and empowering stance. Moreover, they maintained a strong alliance in spite of the charged emotion, regardless of whether anger was explored as either a reaction to feeling overwhelmed or a relational threat in which they were being hurt by another. In the resolved cases therapists encouraged their clients to understand their anger and its implications for their personal relationships. A

criticism of this study is that the sample consisted of female student therapists and female university student clients. Thus, it is unknown to what extent the anger resolution processes reflected in this study could generalise to sessions with male therapists and male clients, as well as more experienced therapists or therapists working in other settings. The next section further explores gaps and limitations in the existing research literature.

2.9 Gaps and limitations in the current research literature

Magaletta and Verdeyen (2005) suggest that, due to the differences that exist between psychological treatment in the forensic and the mental health context, it is vital that clinicians continue developing and testing theories and ideas for therapy that are specific to the context in which they work. Thus, one major gap or limitation in the existing research is the lack of studies exploring therapists' subjective experiences to working with anger specifically in prison settings. In further critiquing existing research on therapists' responses to client anger it seems that the impact of these upon the therapeutic relationship has not been explored. Whilst most studies demonstrate that working with clients who express anger results in strong emotional, physical and behavioural responses in the therapist during therapy, based on intersubjectivity theory it seems important to explore the impact on the relationship. Within this intersubjective perspective therapy can be conceptualised as an interaction in which client and therapist continuously influence the responses of the other. Thus, a shift in focus is needed to research questions that explore this interplay between therapist and client and the ways in which they interact to impact upon the therapy.

As Dalenberg (2004) highlights previous research that has drawn out universal countertransference themes in response to client anger means that therapists' responses are not viewed within the context of a relationship. This can be seen to juxtapose with the more contextual approach often adopted within counselling psychology. Thus, this research aims to consider therapists' responses to client anger within the intersubjective context of an ongoing relationship. In summary, therapists' subjective responses to client anger specifically within prison settings is underexplored, as well as the impact of those responses on the therapeutic relationship. Therefore, on review of the existing but limited research, there seems value in investigating the implications of therapists' responses to client anger within prison settings on the therapeutic relationship.

2.10 Conclusions and rationale

Existing research indicates that working with client anger can have a negative psychological impact on the therapist, and further, research has shown how working in a prison context places additional demands on the therapist in developing a therapeutic alliance. However, the idea that client anger may negatively impact on the therapeutic relationship within such settings, has not been explored. The literature also highlights that anger cannot be separated from context, emphasising the difficulty in adopting a structured set of 'symptoms' to define anger. By adopting an intersubjective approach to research as well as to the therapeutic work with anger in prison settings it aligns more with the values of counselling psychology. Thus, this research investigates the experiences of counselling psychologists working therapeutically with clients who express anger within prison settings, and how these responses to this anger may potentially impact upon the therapeutic relationship

2.11 Research questions and aims

This research addresses the question: '**How do counselling psychologists experience and respond to client's expressions of anger in their therapeutic work within prison settings?'** Related to this main question, the following areas of interest will be explored within the context of prisons: (1) In what ways, if any, do counselling psychologists view their subjective responses to anger to impact on the therapy? (2) What, if anything, has influenced the way in which counselling psychologists work with their subjective responses to client anger in their therapeutic relationships? Research into this topic may enrich our understanding of processes in therapy with client anger in prison settings. It may also indicate the need for training and support or highlight other contextual factors within such work. The use of Interpretative Phenomenological Analysis (Smith, 1996) was chosen in order to allow an exploration of the research topic without the imposition of preconceived hypotheses. This choice will be further examined in the following chapter.

3.0 METHODOLOGY

3.1 Overview

In this chapter qualitative research is discussed within the context of this thesis, as well as in the broader context of counselling psychology. This is followed by the rationale for selecting Interpretative Phenomenological Analysis (IPA) (Smith, 1996; 2004; Smith & Osborn 2008) as the research method over other methods, before exploring IPA in more depth. Further, as Elliott, Fischer and Rennie (1999) suggest, it is important for researchers to "own one's perspective" (p. 221), thus the next sections will be devoted to explaining my epistemology, guiding paradigm and personal orientation. Finally, practical details of how this research was completed are outlined, along with issues of validity and ethical considerations.

3.2 Qualitative research and counselling psychology

Ponterotto (2005) suggests that psychology, and counselling psychology specifically, has tended to have been dominated by positivist and post-positivist research which are often linked to quantitative methods. The aim of these approaches is to gain an explanation leading to the prediction and control of phenomena, promoting an objective researcher role. For example, the majority of existing research into working with anger in prison settings is predominantly quantitative and specifically there has been a clear focus on process variables and outcome in regards to anger management treatment programmes (Hollin & Palmer, 2006; Towl, 2003) as opposed to therapists' subjective experiences. A lack of understanding of these potentially important experiences leaves us with an impoverished map of psychological knowledge (Smith, 1996).

Thus, in order to investigate how counselling psychologists experience client anger and how their responses may potentially impact on the therapeutic relationship, a qualitative approach is needed. Morrow (2007) argues that qualitative methodologies are useful for in-depth examinations of therapy processes. Qualitative methodologies can also be seen to be compatible with the principles of counselling psychology as they share the same focus of exploring in depth subjective experience and the small sample sizes found which are often adopted within the qualitative approaches are accommodating of such an exploration (Hoyt & Bhati, 2007). As Strawbridge and Woolfe (2010) discuss this allows for research within a counselling psychology paradigm to be aligned with more of a humanistic approach.

3.3 Considering other methods

Other methods were considered in the process of developing the research proposal, including discourse analysis, grounded theory and narrative analysis**.** Firstly, although IPA acknowledges the importance of language and culture in the way it influences individuals to make sense of their lived experiences, and then in turn how researchers make sense of participants' sense making, it can be seen to take a somewhat light constructionist position compared to the strong constructionism of Discourse Analysis (DA). As Potter and Wetherall (1987) outline, discourse analysts advocate a radical critique of the nature of 'reality' which problematises the concepts of personal beliefs and experiences, as well as the link between beliefs and action. DA regards verbal reports as behaviours in their own right which should be the focus of functional analyses, whereas IPA focuses on cognitions to enable an understanding of how the person experiences, thinks and believes a certain topic/issue. However, IPA recognises that a person's thoughts are not transparently available from the interview transcripts

(e.g., saving face). Smith, Jarman and Osborn (1999) highlight that it is hoped through the analytic process that something can be said about that thinking and a framework can be provided which enables these meanings to be linked to action. Thus, as this research is interested in participants' subjective experiences and the potential impact of these upon clinical practice, IPA was chosen over DA.

Grounded theory (GT) encourages the understanding of individual behaviour within a social context (Charmaz & Henwood, 2008). However, the focus within GT is identifying and developing codes and categories that are used to construct theories about the topic of interest. GT has also traditionally been located within a positivist paradigm which, as explained earlier, does not fit with the values of counselling psychology. Although Charmaz (2006) outlines how GT has increasingly been moving towards a constructivist position. Unlike IPA, GT adopts theoretical sampling techniques whereby the emerging categories and theory are tested and refined through the ongoing identification and recruitment of participants (Glaser & Strauss, 1967). On a practical level GT was deemed inappropriate due to the logistical difficulties of needing sufficient numbers of participants to reach such saturation. Thus, IPA was chosen over GT as the aim of this study was to seek detailed accounts of counselling psychologists' subjective experiences with client anger.

Finally, Narrative Analysis (NA) was considered as it also adopts a social constructivist approach concerned with meaning-making. NA is interested with how people construct their own self-accounts (Burck, 2005), developing and using stories to interpret the world. Unlike IPA, Riessman (1993) argues that the narrative account is not divided into themes and researchers accept the structure imposed on the story by the narrator. The focus is on analysing why a participant's account was structured in a certain way and how they made sense of their story. However, IPA acknowledges that narrative is

only one way of making meaning, others include discourse and metaphor. Hence IPA was chosen over NA as it was deemed that it would allow for flexibility in allowing narratives to emerge rather than restrict to just one way of making meaning. In summary it was therefore concluded that IPA was the optimum methodological fit for this research.

3.4 Interpretative Phenomenological Analysis

IPA as a research method was developed in order to explore unique situations and lived experiences and how people make sense of their experiences (Smith, Flowers, & Larkin, 2009). The key theoretical perspectives of IPA are; phenomenology, interpretation (hermeneutics) and idiography (Smith, 2004, Smith et al., 2009). Smith et al. (2009) discuss that researchers using Husserlian phenomenology attempt to reveal the essential meaning structures of a phenomenon by setting aside their preconceptions. Although this can be seen to fit within a realist epistemology, which outlines that a universal truth or reality can be discovered, whereas existential phenomenologists such as Heidegger, Merleau-Ponty and Sartre identify human beings as being immersed in a world of objects, relationships, language and culture (Smith et al., 2009). Thus, from Heidegger, Merleau-Ponty and Sartre's existential perspective, phenomenology can be seen to be characterised as an interpretative process, and part of the aim of this interpretative process is to understand the writer as well as the text.

This interpretative phenomenology, as outlined by hermeneutic philosophers such as Heidegger, Gadamer and Ricoeur, focuses on interpretation as a vital part of our being-in-the-world. Smith et al. (2009) argue that "without the phenomenology there would be

nothing to interpret; without the hermeneutics the phenomenon would not be seen" (p. 37). Hermeneutic phenomenology acknowledges that researchers are unable to bracket assumptions or preconceptions, and that they must aim to become aware of them in order to make them more explicit. Heidegger discusses the concept of 'fore-structure' which comprises of these preconceptions and assumptions, and is always present and has the potential to obstruct interpretation of new phenomena (Smith et al., 2009). Smith et al. (2009) also outline that Gadamer's concept of 'foreprojection' which posits that the researcher may only become aware of their preconceptions after the interpretative process has started and engagement with the phenomenon may then influence the interpretations, and thus then influence the forestructure. Therefore, subjective experiences can only be provisional rather than definite due to the fact that researchers cannot escape their own contextual influences (Larkin, Watts, & Clifton, 2006).

The hermeneutic circle is perhaps the most resonant idea in hermeneutic theory and argues for the dynamic relationship between the part and the whole, at a whole series of levels (Smith et al., 2009). To understand the part, you look to the whole and then to understand the whole, you look to the part. In this way the analytic process is iterative revolving around the circle and the final interpretation may never be reached as the circle could theoretically go on forever. At the same time the researcher's preconceptions can also be viewed within the hermeneutic circle as discussed above. The whole can be seen as the researcher's story or history and the part is their engagement with each new participant (Smith et al., 2009). Additionally, Smith and Osborn (2003) describe the interpretative elements of IPA as a two-stage interpretation process where the researcher attempts to make sense of the participants making sense of their world. Indeed, the researcher attempts to make sense of the words used by the

participant as well as attempting to understand the whole person within their world. Therefore, each participant is a unique individual worthy of an idiographic, holistic analysis, although at the same time, there is the possibility of bridging the divide between selves because we are all at the same time part of a larger whole that allows the possibility of mutual understanding.

Reflexivity within IPA involves the researcher making themselves aware of their own feelings about and expectations of the research in order to fully appreciate the nature of the investigation. By engaging in reflexivity, that is, proactively exploring self at the start of our research inquiry, researchers can enter into a dialogue with participants and use each participant's presentation of self to help revise their fore-understanding and come to make sense of the phenomenon anew. Smith et al. (2009) discuss how IPA involves Ricoeur's distinction between a hermeneutics of empathy and a hermeneutics of suspicion. They describe that hermeneutics of empathy involves engaging with participant's accounts in a way that attempts to prioritise the participant's point of view, whilst hermeneutics of suspicion involves the researcher to question the participant's story using theoretical perspectives that are considered to shed light on the accounts (Smith et al., 2009). Thus, as Smith (2004) argues the research should ask questions about what is going on that may or may not be apparent to the participant themselves.

In summary, such a methodology can be seen to be consistent with the philosophy of counselling psychology, where the subjective experience of clients and their surrounding context is considered fundamental (Strawbridge & Woolfe, 2010). It is firmly anchored to key phenomenological understandings of lived experience as context-dependent and contingent upon social, historical and cultural perspectives (Eatough & Smith, 2008; Smith et al., 2009). Thus, as the proposed research is an in-depth exploration of counselling psychologists' subjective experiences to expressions of

client anger, and how these experiences may impact on the therapeutic process, IPA was considered an appropriate method.

3.5 Epistemological position

As discussed, a qualitative approach can be seen to align more with counselling psychology than a quantitative approach. Madill, Jordan, and Shirley (2000) identify three broad epistemological positions that can be adopted within a qualitative approach which are; realist (critical), contextual constructivist and radical constructionist. My epistemological position can be described as situated between critical realist and contextual constructivist. Ponterotto (2005) outlines that constructivists hold a subjectivist stance that maintains that reality is subjective and influenced by the context of the situation. This includes the individual's experience and perceptions, the social environment, and the interaction between the individual and the researcher. The constructivist position adopts a hermeneutical approach, which maintains that meaning is hidden and must be brought to the surface through on going reflection (Schwandt, 2000; Sciarra, 1999). From this perspective, there is no objective reality to reveal through using certain research approaches, and Creswell & Miller (2000) posit that perspectives towards reality are contextual in that there are many different understandings of reality depending on a person's context.

Madill et al. (2000) acknowledge that a contextual constructivist position overlaps with that of critical realism where a true reality is accepted, but that reality can only be partially measured and understood. They suggest the results can be grounded by basing findings in participant's actual descriptions. Although within a critical realist approach it is acknowledged that people interact with others and their world from within their

own context, and will therefore have different beliefs and expectations. Therefore, a critical realist position acknowledges that there are fundamental truths within the world, but, due to people's individual subjectivity, the world is experienced and understood differently by each individual. Thus, my epistemological position falls between contextual constructivist and critical realist. Henwood and Pidgeon (1994) outline that such a position acknowledges that research findings are dependent on multiple factors which include; the context of the collection of data and analysis, both participants' and the researcher's meaning-making systems, their cultural backgrounds and also the criteria by which research is assessed by the psychological community.

3.6 Reflexivity

As discussed, one of the key principles of IPA is the researcher's involvement in a process of interpretative engagement. This involves a reflexive attitude by the researcher which includes acknowledgment of their perspective in terms of the research topic, their prior experiences, their motivations and theoretical positioning (Brocki & Wearden 2006; Yardley, 2000). Although, as Merleau-Ponty (1958) highlights there is a fundamental narcissism of all vision, and we must not mistake our reflections for reality. Thus, Madill et al. (2000) argue that we must not assume that either participant or researcher can present themselves in a neutral way. By engaging reflexively with our fore-understandings and making them explicit in advance of data gathering, we are able to work actively with them in a research encounter. Therefore, I acknowledge that no one has a privileged access to reality and that I cannot claim authority any more than anyone else. Further, Finlay (2003b) states reflexivity is not simply an awareness-raising activity that we engage in prior to and during data collection, it is a vital

component of each stage of the research journey and it is for this reason I return to it within the discussion section.

3.6.1 Personal Reflexivity

My experiences specifically of counselling psychology training, clinical practice with anger and of working in a prison setting, as well as personal experiences with anger all seem important to explore here. By being reflexive I can confront any prejudices I may hold which will allow me to move beyond them and subsequently incorporate them into my understanding of participants' experiences. To begin I am a 31-year-old white British female of middle-class background and a counselling psychologist in training. I would describe my theoretical approach as being pluralistic, influenced by ideas from psychodynamic, humanistic-existential and cognitive behavioural approaches.

My interest in the research topic began shortly after joining the prison service during my first year of doctoral training. My clinical work with complex clients who often expressed high levels of anger within sessions was increasing, and whilst working with one particular client who displayed strong levels of anger, I began to experience anger and fear myself. I felt unable to do little more than listen to his anger outbursts making me feel helpless during the sessions and at times found myself drifting away from the anger. Unsure of how to use these difficult feelings in the session I would attempt to 'bracket' them, although questioned the helpfulness of this. After discussing the issues with my supervisor (who was also my line manager) I was left disheartened by the predominant focus that was given to the system's risk management strategies, at the expense of a more interpersonal exploration of the anger issues. There was also pressure to uphold a sense of professionalism from the perspective of being a 'prison employee'

as well as a therapist in such an environment, and it seemed questioning any risk protocols or exploring alternative options was frowned upon.

My initial responses to the client's anger gave rise to guilt for being what I considered 'non-effective' during the therapy. There was also a level of moral guilt at my inability to help 'deal with' what society considered a 'dangerous' individual. These strong emotions in response to my client's anger were beginning to impact on me, and I began to question my effectiveness as a therapist. I questioned whether experienced qualified therapists working within prison settings had the same strong responses to their clients' expressions of anger as I had.

Thus, this clinical experience caused me to question the impact of client anger on qualified therapists working within prison settings, and specifically how therapists' responses might impact the therapeutic relationship. My university training helped me develop an understanding and practice of several approaches, and although it encouraged exploration of countertransference responses, it seemed specific consideration of therapists working with client anger was neglected. There also seemed to be a lack of focus given in training to providing skills for counselling psychologists working within a variety of different settings (including forensic). I acknowledge that lack of experience within training, clinical practice and clinical supervision may have contributed to my emotional reaction working with client anger in a prison setting. Further I acknowledge that my immersion within a prison setting at the time of the research may have prevented me from seeing the data and analysis objectively. This may have impacted on the data collection as well as the analysis, and may have drawn me to focus on participants who had similar experiences to me.

My position as both interviewer and trainee counselling psychologist could also have made it difficult for the qualified participants to express any negative opinions or appear vulnerable within their work with client anger for fear of being seen as unprofessional. The fact that I shared the same profession as my participants may have arisen to certain shared assumptions that we held about the importance of the therapeutic relationship, countertransference or adopting an overall relational approach, potentially influencing the data and analysis. Further, I have reflected upon difficult personal experiences with anger in my own life and my responses to these. I acknowledge that these could impact not only on my assumptions about the meaning of anger but also about coping reactions to anger, perhaps being drawn to participants with similar coping responses to my own. Thus, I kept a reflective diary to enable me to consider my own reactions and the potential impact these may have on the research.

In order to limit the above, but also to help me understand any personal bias, I underwent the same participant interview which was conducted by a colleague. The results highlighted the negative view I held around anger which may have been caused by my personal and professional experiences. Thus in doing this interview I was able to reduce the possibility of imposing my negative personal meanings around anger upon the participants. Consequently, I adjusted the interview schedule to include a question about positive experiences of anger, allowing participants' personal opinions about anger to emerge. I also attempted to remain open to ways in which participants conceptualised anger, for example I deliberately chose not to provide a definition or specify the type of anger (i.e., passive, aggressive). This was with the hope that they would then be able to volunteer their experiences of client anger as they understood it providing a deeper understanding, rather than imposing a clinical understanding upon them.

The self-interview also highlighted that many of the issues that arose for me related to training and being a trainee counselling psychologist, still gaining experience in what was a difficult and challenging environment. I became aware that my learning experiences as a trainee and the challenges of working in a prison setting could influence my interview questions and my interpretations of the data. I acknowledge that the interview is a co-construction between researcher and participant, therefore the impact of my preconceptions on the data will be explored further in the discussion chapter.

3.7 Evaluating Quality

As discussed earlier, quantitative research and qualitative research have different focuses, with quantitative minimising the influence of the researcher, and qualitative acknowledging the influence of the researcher. Thus, different guidelines need to be adopted for each and Elliott et al. (1999) suggest that guidelines used within qualitative research need to be applied more flexibly to suit the needs of a particular method. In terms of guidelines appropriate to IPA, Smith et al. (2009) recommend Yardley's (2000) guidelines which outline four fundamental principles in terms of quality in qualitative research: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. These will be drawn upon to address quality issues in the present research and will be returned to within the discussion section.

Firstly Smith et al. (2009) describe how 'sensitivity to context' can be evidenced in the researcher's respect of the interactional approach to data collection, an awareness of existing research in the area and thorough purposeful sampling with an appreciation of the wider contexts of the research participants, as well as sensitivity to the material

provided by the participants. Relevant theoretical and empirical literature was reviewed and critiqued in attending to this guideline. Sensitivity to participants' perspective and socio-cultural context was also important to hold in mind at all stages of the research. Finally, the rationale behind this research and the epistemological position taken has been made explicit throughout.

In relation to commitment and rigour, this can be evidence by extended immersion in the subject area as well as demonstrating competence and skill in the use of research methods. In terms of commitment, as well as extensive reading within the field of this research, I attended several conferences on working therapeutically in prisons to immerse myself within the subject. Also several forms of feedback were used to improve the quality of the analysis. For example, research supervision along with attending a specialist IPA group provided peer feedback on selected quotations from themes. A peer-researcher also conducted an initial analysis of one of the transcripts, which was then jointly discussed. Smith et al. (2009) state that commitment and rigour may also be shown through one's engagement with participants during data collection and analysis. Applying exclusion and inclusion demonstrated efforts taken to ensure that the participants were appropriate as well as ensuring that they were treated ethically and fairly. For example, as suggested by Brocki and Wearden (2006), after summarising the interviews they were returned to participants to check for accuracy and remove any information should there be any concerns over confidentiality.

Transparency and coherence were enhanced by providing a detailed account of the research process, providing a clear audit trail evidencing the analysis and through a continual process of reflexivity. Smith et al. (2009) suggest that an 'audit trail' may enhance the transparency of analysis as well as its credibility, thus an audit trail is

included in the appendices with a transcribed interview with initial comments and emerging themes, initial list of themes and table of themes for one interview. A reflective journal was also kept throughout the research to aid the quality of the analysis. Further, peer supervision was used to help develop the clarity of the argument within the thesis.

The final issue of impact and importance relates to the project needing to be considered to be relevant and useful (Smith et al., 2009). The themes that appear to have emerged from the analysis are examined in the context of existing research which appear to be moving towards a more contextual approach of working with anger in prisons. Further the findings are discussed with reference to clinical implications for counselling psychology. This study has also committed to a contextual position throughout and is evidenced through a coherent epistemological argument.

3.8 METHOD

3.8.1 Participants

Smith et al. (2009) recommend conducting between four and ten interviews for a doctoral research project and caution that larger volumes of interview material may inhibit the quality of the analysis. They note that smaller sample sizes are more in line with IPA given the focus is on the detailed quality of experiences of participants. Thus, eight participants were recruited for this study. Participants were recruited by email from a mailing list for a peer support and professional development group for counselling psychologists working in forensic settings (CoPiFS). Advertisements were

also sent to colleagues and supervisors working in prison settings to further distribute to any qualified counselling psychologists known to be working within the field.

A homogeneous sample is required to enable areas of convergence and divergence to be explored within the analysis. Thus, participants were recruited for the study from the Division of Counselling Psychology. Since counselling psychology is broadly underpinned by a humanistic value base, and the therapists' appreciation of subjective and intersubjective factors is highly valued (BPS, 2006a), it was anticipated that this would generate a level of homogeneity of perspective across the participants' accounts, such that variation within this could be explored in detail. Further, in order to ensure as great homogeneity as possible within the sample selected, without reducing the chances of recruiting participants, the following inclusion and exclusion criteria were employed. Participants were required to be qualified for at least one year and were also required to be working in the prison service. In selecting participants with at least one year of experience, it was hoped that they would have sufficient familiarity with the topic of interest to be able to speak in depth about their experiences.

Although Skovholt and Ronnestad (1992) suggest five years post qualification experience as a significant cut off point between two periods of therapist development, moving from a reduction in the rigidity of the therapist's approach to an increase in authenticity, due to the limited number of counselling psychologists working within the prison service this was not possible. No trainees were involved in the study as various research (e.g., O' Byrne, Clark, & Malakuti, 1997; Skovholt & Ronnestad, 1992) identifies significant differences in levels of autonomy, confidence, reflective practice and application of learning between trainees and qualified practitioners.

Thus, all participants were BPS chartered counselling psychologists, seven of the participants were white British and one was black British, two male and six female and they were all aged between 28 and 58 years old. In total, participants were recruited from five different prisons, two female establishments and three male establishments, across the UK. Counselling psychologists who had been working away from the prison service for any considerable length of time, for example more than three years, were excluded from the study. Again this was in order to ensure that participants had sufficient familiarity within the area to address the research question and to have consistency in the sample. The demographics for each of the eight participants are outlined in table one below. Pseudonyms have been used to preserve confidentiality for each participant.

3.8.1.1 Table 1. Participant Demographics

Participant Name	Number of years qualified	Number of years working in prisons	Theoretical Orientation	Type of prison
Sarah	5 years	5 years	CBT	Male Remand (R) CAT B
Simon	2 years	2 years	CBT	Male Non-remand (NR) CAT B
Nina	6 years	2 years	Humanistic/person centred	Male (R) CAT B
Grace	4 years	3 years	CBT/integrative	Male (R) CAT B
Joan	10 years	9 years	Integrative	Female (NR) CAT B
David	4 years	3 years	Integrative	Male (NR) CAT B
Tracy	5 years	4 years	CBT	Male (NR) CAT B
Heidi	5 years	8 years	CBT	Female (NR) CAT D

***Prisons are classified according to their function and the level of security they provide. There are 16 women-only prisons, 4 mixed prisons and 118 men-only establishments in England and Wales. Local prisons are busy establishments serving nearby courts; these prisons take mainly remand prisoners and those serving shorter sentences. Training prisons take those serving longer sentences. Open (security category D) prisons are the least secure, intermediate levels of security are offered in category C and B closed training prisons and there are eight high-security (category A) prisons.**

3.8.2 Interviews

Semi-structured interviews which were around one hour in duration were carried out in order to explore participants' understandings of their responses to expressions of client anger within prison settings and how their responses impact on the therapeutic process. Smith and Osborn (2003) argue that semi-structured interviews allow for flexibility within the interview process as questions can be adapted through engaging with participant's experiences. An interview schedule was drafted by the researcher and then reviewed by the supervisor. It was developed using a funnelling approach beginning with more general questions to enable the development of rapport and questions were discarded that were closed or that did not address the research question.

A pilot interview was conducted in order to test the interview schedule, examine data gathered and obtain feedback from the pilot interviewee regarding the process of the interview. The interview was transcribed and a brief analysis of the data was completed, identifying potential themes. It should be noted that due to minimal changes in the schedule and the richness of data gathered in the pilot interview, and given that all other procedural and ethical considerations were the same as for subsequent participants, the data from the pilot has been included in the analysis. The final schedule (see Appendix 5) consisted of eleven questions that focused on participants' experiences of working with client anger and the therapeutic process. Interviews were conducted at locations of convenience for participants, and locations were selected in a non-threatening neutral environment that did not pose any risk to participants or the interviewer to ensure safety. Finally, interviews were tape-recorded and transcribed verbatim.

3.8.3 Analysis process

Yardley's (2008) guidelines for quality in qualitative research were followed during the analytic process. Further, supervision, peer supervision and attendance of IPA work groups and seminars helped inform the analytic process. Given the idiographic commitment of IPA (Smith et al., 2009), each transcript was analysed case by case allowing repeating patterns to be detected whilst remaining open to new themes emerging (Smith & Osborn, 2008). During the initial noting, Smith et al. (2009) explain the importance of gaining familiarity with the transcript, in order to begin identifying meaning units and attributing a comment to each unit. It was for this reason I did all of my own transcription rather than use a transcription company.

The steps for the analytic process described by Smith et al. (2009) were followed. Throughout transcription an initial impression was formed of each transcript and then each transcript was read through fully before re-reading and making notes in the left-hand column. Descriptive comments were noted along with linguistic comments to demonstrate how the content and meaning was developed, and then conceptual comments to illuminate the participant's overall understandings. Smith et al. (2009) explain that these comments create a larger data set which is then reduced in the volume of detail through the identification of emergent themes. The next reading involved identifying initial themes which were noted in the right-hand column. These themes were then created into a table of constituent themes based on the notations in the right-hand column, and then checked against the participant's words to ensure they were grounded in their accounts.

More of an analytical approach was adopted in the next step, with connections being made between emergent themes, listing them and clustering them. The themes were

then clustered together, and themes that appeared to be important and central to the participant's experience were labelled as superordinate themes. These superordinate themes were then checked against the original transcript to ensure they fitted with the participant's overall experience as a whole. As outlined by Smith et al. (2009) in terms of the superordinate themes, subthemes were selected for their ability to "illuminate other aspects of the account" (p. 226). Key quotations from the interview were selected to represent each theme and another table containing these superordinate themes and subthemes with accompanying quotes was created.

The same process was then employed to analyse the other transcripts. During the process when moving on to the next transcript it was important to be aware of how the previous analyses could impact future interpretations. However, it is also acknowledged that there will be a certain level of overlap between participants' transcripts and the hermeneutic circle was engaged with and moved through horizontally across transcripts as well as vertically within an individual's transcript. This was in order to allow convergences and divergences between participants' accounts to be drawn. Thus the researcher was careful to ensure that for each transcript, any new themes emerging were considered in light of the previous transcripts, and not only drew on the individual case tables but also returned to the transcripts in order to fully investigate the connections across cases. The researcher cut out themes from each participant and developed a large visual chart to help identify clusters. The researcher found this to be the most challenging and time consuming stage, but at the same time the most creative, which involved numerous re-workings of theme patterns as mentioned continually moving in and out of the hermeneutic circle. Finally, themes were translated into a narrative account to produce a description of participants' overall experience (Smith & Osborne, 2003).

Criteria discussed by Smith (2011) helped determine the prevalence of a theme and the representativeness of subthemes and superordinate themes for the group as a whole. The first criteria outlined by Smith (2011) suggested that the subtheme needed to be represented across a sufficient number of participants' accounts. For example he recommends that in a study with eight participants at least three participants are required to represent the theme. Thus a minimum of three extracts from different participants were chosen, however sometimes more than this were chosen to demonstrate the convergence and divergence within the theme (Smith, 2011). A table showing the superordinate themes, subthemes, prevalence of themes and numbers and sources of extracts is provided in the appendices (see Appendix 9). This table also demonstrates the proportionality of sampling, to ensure that extracts were drawn from all of the participants across the different themes. Finally, the themes were translated into a narrative account and the themes were explained, illustrated and nuanced to produce a description of participants' overall experience (Smith & Osborne, 2003). This is an iterative process and further interpretations may be made throughout which would involve a return to participants' transcripts.

3.9 ETHICS

Ethical approval for the study was sought from the researcher's University Ethics Committee, and as the study involved interviewing participants who worked within the prison service further ethical approval was also required from the Prison Service headquarters (see Appendix 1). A participant information form (see Appendix 2) along with a consent form (see Appendix 3) was given to the participants to read and complete, which included information about how data would be used, and steps to

maintain confidentiality. At the beginning of each interview, the participants were reminded verbally about confidentiality and their right to withdraw, without giving a reason, from the interview at any time. The researcher reminded participants at the beginning of the interview that they did not need to answer all questions, and were instructed to only answer questions they felt comfortable with. Birch and Miller (2000) highlight that there may be potential benefits for participants in taking part in research of this nature, which include being given the space to reflect, make sense of their past experiences and be listened to empathically. They found that research participants often reported finding the process therapeutic.

Participants were given the opportunity to ask questions both before and after the interview, and after the interview participants were debriefed. Debriefing forms (see Appendix 4) included ID numbers for each participant in the event that they wished to withdraw. All names and identifying details from the interviews were changed for transcription, and participants were offered access to completed transcripts to ensure exclusion of identifying details and accuracy. Finally, participants were informed that both recordings and transcripts would be destroyed after six years.

The research was conducted in line with BPS Code of Ethics and Conduct (2006b) standards of protection of research participants. Additionally, in line with the principle of beneficence (BPS, 2006b), the following points were observed: (1) if exploration of the subject matter were to lead to apparent distress to any participant, the interview could be ended by researcher or participant with no pressure or expectation to continue; (2) a list of agencies that provided confidential support was provided at the debriefing stage; (3) if the interview were to lead to a participant's concerns about clinical practice with clients, the participant would be asked to contact their supervisor and / or line manager as was most appropriate; and (4) to protect participant confidentiality, the

researcher would make no attempt at contacting the participant in any other contexts. Finally, it was outlined to participants in the information sheet given at the start of the research, that if they disclosed something about their practice that is in breach of BPS (2006b) ethical guidelines, or which constituted a legal breach, the researcher would have to consider their responsibility under BPS ethical guidelines to report this. In the first instance this would be discussed with the research supervisor and then the BPS ethics department in order to follow appropriate guidance.

4.0 ANALYSIS

4.1 Overview

Interpretative phenomenological analysis (IPA) of the eight interviews resulted in the identification of two superordinate themes with six subthemes. The superordinate themes were:

- **THREAT**
- **CONTAINMENT**

An exploration of these superordinate themes with their constituent subthemes (see Table 2) forms the basis of this section of the thesis. This interpretive phenomenological analysis is one account of counselling psychologists' experiences and the therapeutic impact of their responses to client anger, it is recognised that different researchers might have focussed on different areas of the participants' experiences. Additionally, the themes identified were selected due to their relevance to the research question and so may not cover every possible aspect of the participants' experience. Whilst the themes identified were common to all accounts, there were also areas of divergence and difference which have been explored where relevant.

Verbatim quotes are included in order to illustrate the themes, and minor amendments have been made for ease of reading. Words that are added to explain what a participant is referring to will be presented within square brackets […]. Deleted words are indicated by dotted lines between brackets (…), and dots in between words represent pausing in speech, for example '…' would indicate a 3 second pause. The numbers in brackets after each quote represent the page and line number of where to find that quote

in the participant's transcript. All identifying information has been eliminated or disguised to ensure anonymity and confidentiality, as discussed in the method section. Finally, the use of present tense will be employed throughout the remainder of this section in order to stay more closely connected to the participants' experiences.

4.1.1 Table 2. Superordinate themes and subthemes

Superordinate theme 1	*Superordinate theme 2*
THREAT	**CONTAINMENT**
Subtheme 1:	*Subtheme 1:*
"*Hammered to the ground like a tent peg*" Threat of burnout	**'*Flattened toad effect'* Containing own emotional response**
Subtheme 2:	*Subtheme 2:*
"*It's going to get under your skin*" Threat of enmeshment with the client	**"*I had my strategic hat on*" The system as a container**
Subtheme 3:	*Subtheme 3:*
"*I wasn't connecting with him at all*" Threat to the therapeutic relationship	**"*I have a bubble around me*" Containment through the therapeutic framework**

4.2 THREAT

This superordinate theme captures the threat that participants discuss in response to clients who express anger within their psychotherapeutic work in prisons. The majority of participants describe the demanding impact and difficult emotions aroused in them in response to their clients' anger. Participants also seem to grapple with complex and challenging interpersonal dynamics within the therapeutic relationship as they struggle to untangle their own emotions from their clients' emotions. Throughout their accounts participants emphasise the complexity of client anger, discussing the challenges and uncertainty they face in their therapeutic work with it. What seems to be particularly interesting about this superordinate theme is participants' use of language and metaphor in describing these experiences. These aspects will be explored further in the following subthemes.

4.2.1 "*Hammered to the ground like a tent peg*": Threat of burnout

In this subtheme, participants discuss that they find the work frightening and exhausting, often feeling helpless which can result in complete burnout. *"Hammered to the ground like a tent peg" (23,* 797) is an expression used by Joan that captures the extreme impact that most of the participants describe feeling when working with client anger. Joan's use of the phrase is striking, and one reading may be that she feels she is being consistently beaten down with relentless and unbearable force. It may be that Joan feels under threat from her clients' anger, as well as a sense of helplessness, unable to act or be of value, such as a tent peg that can no longer hold a tent up. Further, the metaphor could symbolise the heaviness she feels from her clients' anger, and there is a

sense of her feeling trapped. Joan goes further to discuss what it feels like to work with clients' anger.

Joan *"I think it's very wearing and…um draining and you can uh…you....I mean um uh…it's difficult to raise yourself up again" (24, 953)*

Again, this quote suggests that Joan feels she has been overcome by her clients' anger. There is also a sense of isolation and defeat in this statement, suggesting perhaps she feels alone in this process. Her tentative speech and long pauses may reflect the emotional impact recalling these experiences has on her, and it seems difficult for her to easily put them into words. It could be that the clients' anger is so overwhelming for Joan that she struggles to think clearly as she tries to reflect on the experience. Alternatively, Joan's phrase *"hammered to the ground like a tent peg"* could be viewed as more positive and hopeful. She may see herself as vital in helping with her clients' anger and distress, comparing her role to the vital function of a tent peg. Within this interpretation Joan could be seen to remain of functional use to her clients despite the 'hammering' she receives from their anger.

Nina describes feelings of exhaustion when working with client anger:

Nina *"um...um…I…um…I think it's quite hard to actually even put it into words sometimes, I mean when you were talking there I was just thinking to myself, it might, something quite dramatic must happen when I work with anger because I come out the session and I'm exhausted, I'm really, really tired, to the point that I think I haven't got any sugar in my body I need to go and eat immediately. So I suppose there is a bit of me feeling quite, it must paralyse me quite a bit and it must take a bit, a lot out of me" (13, 492)*

Nina also appears to struggle to put her experience into words. Her repetitive pausing as well as discussing the need for physical nourishment after the session suggests the real embodied impact that the client anger has on her. Indeed, her emotional deficit is embodied as a need for physical nourishment. This could be construed as Nina having conflicting needs, her need to sustain her own wellbeing, whilst also having emotional energy to deal with the client anger. If this conflict of interest gets too unbalanced then she is left with no reserves for her own emotional wellbeing. It appears that Nina and Joan experience similar emotions in response to client anger, but it could be seen that Nina is more overwhelmed. Unlike Joan who remains functional although overwhelmed, there is a sense that Nina uses all her resources when dealing with the client anger, as she describes feeling '*paralysed*' after a session. The use of this word is striking and potentially portrays the extreme depth of feeling possibly implying that she feels a sense of complete helplessness, immobilised to act within or after the session. There is a sense of ambiguity as Nina repeatedly uses the word "*must*" as if she can't be sure about her reactions to her clients' anger. This may imply that she feels she lacks control of her own responses and that they become automated. Again it may be that she feels so overwhelmed by her clients' anger that she hasn't given herself time to process the difficult feelings that have been aroused in her. This notion is strengthened when she says, "*I was just thinking to myself*" potentially suggesting that she is only now reflecting on these difficult experiences. This could suggest that during the session, or perhaps even in supervision afterwards, she felt unable to explore her feelings about how she is affected by client anger. Further her phrase *"something quite dramatic must happen"* could signify that although she knows rationally something '*must*' occur, at the time her emotions are so overwhelming there may be some detachment from them as she is unable to digest and understand them fully.

Similar to Joan and Nina, other participants describe the dramatic impact of their clients' anger on them. For example, Tracy discusses "*having to ride out the storm*" (4, 151) in response to her clients' anger. Tracy's use of "*storm*" here echoes Joan's reference to the "*hammer*", both being things which impact with great force. One explanation of this is that the therapists view their clients as very powerful, perhaps suggesting that they feel at their clients' mercy. Again, like others, there is a sense of passivity or helplessness as Tracy conveys that she is left with no choice but to 'ride it out' waiting to see the damage in the aftermath of the storm. One reading could be that participants feel their clients' anger to be so destructive, that at times, it threatens to obliterate everything, causing irreparable damage. David talks about his clients' anger as "*absorbing all the light out of the room*" (8, 332), portraying perhaps the complete darkness and little hope he feels in the sessions as *'all'* the light has gone, rendering him vulnerable and unable to see a clear path ahead. His phrase conjures an image of a candle slowly flickering as it burns up the available oxygen in the room, eventually going out. It seems the client's anger completely snuffs out the energy within David leaving him with nothing left to give, again reflecting the draining process discussed earlier by other participants. As with Joan, there is a sense of isolation as he is left with nothing but darkness around him, which perhaps makes him feel cut off from others.

Grace discusses similar feelings of exhaustion when working with clients' anger, although interestingly she seems to justify the exhaustion in a slightly different way to other participants:

Grace *"You're really drained when you're finished, because if you give a lot, I don't tend to just sit there and say 'mmm' I tend to sort of really engage by doing a lot of teaching, I'm quite big on psychoeducation" (24, 1067)*

Although Grace admits to feeling exhausted after working with client anger, her inference is that this is due to active interactions (e.g., psychoeducation) with the client. There is a sense that she believes that "*just*" sitting there is not really engaging. This seems to be in contrast to some of the other participants who feel such a sense of exhaustion from their clients' anger that they are unable to do much more than just sit there. One interpretation of her account may be that by handing out psychoeducation sheets she avoids having to hand out parts of herself, thus keeping herself at an emotional distance from her clients and their anger. It may be that the only way she feels she can cope with the difficult work is to emotionally shut down, which may explain why her description appears less invasive than other participants' descriptions. Her use of phrases such as, "*tend to"*, "*sort of", "quite",* throughout the account almost suggests a sense of ambiguity similar to Nina. It may be that she feels unsure of her responses or level of engagement as she perhaps has not reflected in depth on this before. Alternatively, a more positive reading is that Grace has found a more adaptive way to work with client anger in order to engage with her clients and to avoid complete burnout. It may be that, unlike some of the other participants, she can remain functional for her clients and continue to carry out the work in the face of such extreme anger.

In this subtheme participants' use of language and metaphors is striking, and really underlines the difficult and extreme nature of the work, bringing to light the notion of threat. At times, participants appear to be bombarded by their clients' anger, leaving them feeling utterly overwhelmed within the sessions, with little energy for themselves or their clients. From this subtheme it would seem that most participants experience their clients' anger as emotionally and physically demanding, although some are able to remain more functional than others. Potential implications of this will be explored further in the discussion.

4.2.2 "*It's going to get under your skin*": Threat of enmeshment with the client

In this subtheme participants highlight a sense of an all-consuming battle when working with client anger, where they are threatened with losing parts of themselves as they attempt to untangle their emotions from their clients' emotions. Several participants describe challenging interpersonal dynamics such as feeling manipulated, drawn in by or overly responsible for their clients' anger. In describing her experience of working with one particular client who was expressing anger, Sarah discusses a sense of responsibility that seems to stretch beyond the therapeutic realm:

Sarah *"There was a part of me that thought when I left that day, he's angry at me, he's blaming me for it and possibly he is going to now self-harm to get that across to me (...) and it's going to get under your skin" (4, 180).*

This extract conveys a real sense that it is difficult for Sarah to separate herself from her client's anger as it fills her thoughts as she leaves the prison for the day. The phrase, '*part of me'* perhaps suggests a conflict of emotions as she attempts to 'bracket' herself off from the client, yet not quite managing to do so as she continues to ruminate about her client. Further, her use of "*under your skin"* seems to convey a strong sense that her client has got inside her, invading her personal space, evoking an image of bugs invading her body, slowly spreading out under her skin. There appears to be a loss of separateness here as Sarah attempts to make sense of where the boundary is between herself and her client.

This is also striking in Simon's account as he discusses his reaction to his client's anger:

Simon *"I'm trying to think of exactly which one it would be, it's.....um it's like you get the feeling building up...that's, it's not really anxiety…I can't think of the word*

(laughs)....um frustration in a way I suppose,…I started to feel this frustration because I was being angered…um seeing his anger" (23, 413)

It appears that when Simon is working with his client there is a process where he absorbs what is being communicated and his feelings become entwined with the client's. It may be that he experiences himself as an object for emotions to be projected on to. There appears to be a real embodied sense of the client's anger within him as he struggles to verbalise what he feels. His repetitive pausing and use of "*um*" may suggest he feels confused or uneasy. His laughter may also indicate unease with having to discuss these feelings. It is possible that like Nina in the previous subtheme, he has not reflected on his emotional responses to his clients' anger. It seems Simon is over-identifying with his client and appears to be caught in an emotional struggle as he attempts to consciously separate his own feelings from his client's feelings, correcting himself saying "*seeing his anger"* instead of "*being angered*". There is also a sense of continual immersion within the client's anger, with the effect being that he feels there no immediate relief from the difficult, confusing feelings being evoked. This is evidenced by his use of the phrase "*building up"* which summons up an image of a volcano waiting to erupt.

David describes feeling drawn in by his client's anger and discusses a real struggle in fighting against this:

David *"It feels a bit like getting hooks into you, emotional hooks into you...he was very adept at making you feel de-skilled with his anger, it's very easy unless you're aware of it, then easy to resent the fact that you feel de-skilled or to get anxious about the client or to get anxious at the client. He used to drive me round the twist because he always, I always felt I just didn't know what I was thinking or doing…he really was quite*

venomous and you'd just feel him sort of drawing you down with him and it really does take quite a lot of strength to fight that" (7, 292)

There seems to be a real sense of disempowerment as David discusses feeling deskilled by his client which provokes a great deal of anxiety within him. His use of the words "*hooks*" and "*venomous*" are indicative of the strong responses evoked within participants when carrying out this challenging work. This mirrors Sarah's description of her client getting "*under her skin*", and there is a sense that David feels the interaction is highly dangerous, with the client's 'poisonous' anger rendering him powerless. Additionally, it could be that David feels he is being pushed to the limit by his client's anger as intimated by his phrases "*round the twist"* and *"crazy"*. His mention of feeling de-skilled, resentment and anxiety, also suggests confusion about what he was thinking or doing. It could be inferred that David loses his therapeutic ability to think clearly and respond appropriately in a safe and containing way to his client. Like other participants, it seems he has become completely engulfed by his client's anger rendering him powerless. Although David appears to be in a therapeutic struggle, by correcting himself from saying "*he always*" to "*I always felt*", it could be interpreted that he is attempting to acknowledge and work through his own negative reactions perhaps in order to be less blaming toward his client and to enable him to offer empathy.

In contrast to other participants, Tracy appears to be less drawn in by her client's anger.

Tracy *"He used lots of grooming, lots of conditioning, manipulation and he asked me to keep a secret which obviously I couldn't keep a secret so I told him I would have to share this with others and he got quite angry in the session and he was saying things like 'well you've caused me to get really angry' and I was like 'actually what have I*

caused!' and he realised that he was trying to emotionally manipulate me with his anger, but he didn't manage it" (2, 83)

There appears to be a sense of immediacy as she quickly reels off a list of the client's challenging behaviours (e.g., grooming, conditioning) as if she is trying to remove herself from being the cause of her client's anger. There is the impression that she seems almost surprised by her client's angry reaction, possibly not understanding the emphasis that he places on confidentiality which might be argued as quite a human reaction. She appears to interpret this as an indication that she is being manipulated or groomed. Further, this sense of unease may indicate that she feels uncomfortable in the relationship and needs to be on guard preventing her from feeling empathy towards the client. There is a sense that she is unable to enter into an open discussion with her client about his anger. She seems to express a sense of triumph at the end with her statement "*he did not manage it",* reflecting a sense of power over her client. Alternatively, Tracy's sense of relief that she has come out unscathed from the interaction perhaps suggests a more vulnerable side to her.

In this subtheme participants were seen to demonstrate the difficult task of separating their own emotions from their clients when faced with their clients' anger in sessions. Participants, at times, felt at threat of being completely engulfed by their clients' anger, finding it difficult to separate, acknowledge and reflect on their own emotions. The implications of such threat upon the therapeutic relationship will be explored further in the discussion.

4.2.3 "*I wasn't connecting with him at all*": Threat to the therapeutic relationship

From the previous two subthemes it appears that participants experience their clients' anger as a threat to themselves and their emotional wellbeing. In this subtheme threat to the therapeutic relationship is more explicitly explored. Several participants articulate that working with client anger influences them to respond within the therapeutic relationship in particular ways that, at times, could be seen as non-therapeutic. For example, when working with one particular client Nina describes the urge to collude with him in order to avoid dealing with his anger in the session:

Nina *"um uh we weren't making contact in terms of our eyes and stuff…um he just felt I wasn't connecting with him at all and that's when he started getting angrier, I didn't actually want him to become angry at me, so uh uh…what I would try and sort of set up, um I would go along with him as opposed to identifying the fact that 'oh you sound really angry at me' and staying with that" (6, 230)*

In this account it seems Nina is desperately attempting to prevent the feared outcome of anger being directed at her within the therapeutic relationship. It appears she lacks confidence in her ability to deal with the anger openly and together with the client. The notably tentative, uncertain language here seems to convey the highly complex nature of this interaction. There appears to be a power struggle between Nina and her client where Nina's compliance actually empowers the client leaving her in a position of uncertainty. She seems frightened by her client's potential anger and colludes with him to avoid it. It may be that the empathetic nature of the relationship is too confronting for her and it is easier to remain non-confrontational rather than to engage with him in a more genuine way to explore his anger. There is a sense that in the face of her inability to demonstrate congruence and empathy she must instead implement defences by cutting herself off

from her emotional reaction. She can be seen to be distancing herself in the therapy to perhaps protect herself from her client's anger by avoiding making any contact with her "*eyes and stuff",* yet ironically this is the very thing that makes him angry. This raises questions about how much her own fears impact on the session with her client and the implications this may have for the therapeutic relationship. Interestingly, she later goes on to describe how that particular client aborted therapy early stating that "*he couldn't bear it*" (18, 732). This demonstrates the damaging effect of the above dynamic on the therapeutic relationship. Further, it could be interpreted that she is placing the blame for the relationship breakdown on the client's inability to bear it rather than reflecting on the intersubjective factors that could have been at play within the relationship. As reflected in earlier themes, this may be because she is perhaps unable to process and reflect on her own responses and emotions as the client's anger is too overwhelming. It could be argued that by colluding with him she is perhaps allowing the client to retreat, not allowing him to feel or express his anger safely within the therapeutic boundaries. Again this potentially could limit the effectiveness of the therapy and compromise the intersubjective engagement.

David displays a similar sense of collusion with his client who is expressing anger in the session:

David *"I can recall an incident where a client who's quite an aggressive and violent person expressed his anger in the session towards a member of the prison staff…um…which I then felt it was necessary to disclose, but in view of the nature of him and without wanting to disrupt the therapy process I chose to do so...without informing him...um which at the time I felt was the right and safest thing to do, not from my perspective of being afraid to disclose, but because it was very early in the stages of it and I didn't want to um compromise the working relationship (…) somehow the*

people addressing this actually disclosed to him that they had the knowledge and I was angry and frustrated about that but he was very angry and it disrupted the therapy anyway, he subsequently went on to attack someone and was shipped out the prison" (2, 75)

There seems to be a double dilemma here, as David feels unable to explore the client's original anger that was expressed toward a member of staff and feels the need to disclose this information to manage risk. As a result another layer of anger is added, David's anger towards security and his client's subsequent anger towards David. There is a real sense of the anger silently bubbling under the surface within the relationship, as noted with Simon, like a volcano ready to erupt at any time. What appears to be most problematic is that something has occurred causing the client to become angry but it is unable to be spoken about or worked through openly in the therapeutic relationship. As with Nina, there is a sense that David is not confident that the issues around anger could be discussed and worked through openly with the client in the relationship. One interpretation could be that by not disclosing, David feels that he retains power over his client, and as such prevents the client from gaining any power over him in what he feels is already a threatening situation. This suggests that perhaps David does not feel safe being open with his client within the therapeutic relationship feeling that he has no choice but to collude as his client's anger is just too threatening. Yet interestingly he attempts to appear impervious as he denies any fear despite acknowledging his client's violent nature and it may be that as a male he feels he cannot admit to feeling any fear in such an environment. David can also be seen to be trying to rationalise his decision not to disclose (not be congruent) to his client from a therapeutic perspective, as he foregrounds the reason of '*wanting to protect the relationship'* to be behind his actions. His pausing and hesitance just before he reveals he broke confidentiality and informed

the security department perhaps highlights the unease that he feels in sharing his 'non-therapeutic' actions. One interpretation may be that he feels his actions, albeit necessary in terms of risk within such a prison context, juxtapose with his more therapeutic values instilling within him a sense of shame. This highlights a real struggle within a prison context of trying to work therapeutically with anger for the interest of the client and the relationship, whilst at the same time feeling pressured to follow procedures to ensure aspects of risk are covered. Despite David's attempts to control the therapeutic process and protect the relationship, the anger was too large to be ignored and not only resulted in the relationship breaking down, but also resulted in his client attacking someone. It could be interpreted that as the client was not given the space to explore his anger openly and safely within the therapeutic boundaries, he was left with no choice but to express it in the only way he knew how, violence. David's account highlights the very serious and very real consequences of working therapeutically with anger in such a setting.

Similarly to other participants, Grace can also be seen to be colluding within the therapeutic relationship when presented with her client's anger in the session:

Grace *"He was just so angry all the time, I was as sure as I possibly could be that he wasn't guilty of the crime he was accused of, and I said to him 'well I'd be angry too if I ended up in here for something I hadn't done', I was sure that he actually hadn't done it, he was accused of murdering somebody, and I was sure that he hadn't" (25, 1121)*

Multiple interpretations can be extrapolated from this extract. The most straightforward interpretation here is that Grace is correct about her client being innocent. It could be said that she is using her therapeutic intuition in order to understand and empathise with her client's anger, which is something other participants seem unable to do. Grace's

comments could be viewed as offering a counter-argument to other participants' comments, which is that anger can be acknowledged, justified and understood. Her account seems to overturn the assumption that anger is always negative and needs to be stopped, controlled or minimised. An alternative interpretation may be that by radically aligning herself with her client's anger and proclaiming his innocence, Grace could be protecting herself from having to explore and face his 'murderous' rage within the session. Perhaps, like other participants, Grace feels unable to challenge or explore her client's anger openly within the therapeutic relationship. Her repetition of "*I was sure he hadn't done it*" almost indicates a sense of uncertainty, as if she is desperately trying to convince herself of his innocence but at the same time doesn't fully believe it. On yet another level, Grace may fear that if she acknowledges her client's crime she may reveal her own anger towards him which perhaps she feels would be so strong it would be uncontainable and destroy the therapeutic relationship. Thus, by choosing to collude with her client's anger by believing his innocence it could be said that she is protecting herself from experiencing different levels of threat within the relationship. Interestingly, Grace also discusses how her client dropped out of therapy, "*he just suddenly dropped out*" (23, 1008). Perhaps, as with other participants' clients who dropped out, it could be interpreted that he too felt uncontained and unable to safely express and explore his anger, or in fact any feelings that may have been behind the anger (i.e., guilt, shame, sadness) within the sessions. He may have sensed through Grace's collusion that she was unable to accept and listen to the potentially difficult, horrific and distressing things that he might have needed to share with another human being in order to begin a healing process.

In contrast to other participants Heidi expressed herself in a more open and straightforward manner when communicating with her clients:

Heidi *"She was very angry and it could have been disastrous, she could have dropped out because it could have been mistrust, she could have thought I was part of a conspiracy, but because I was very straight with her and I was there for her at that time it didn't damage things, if anything it strengthened the relationship" (4, 157)*

There is a sense here that Heidi feels she had a narrow escape as she repeatedly says "*could have*" but she feels her congruence and openness with the client not only saved the relationship, it strengthened it. Her use of the word '*conspiracy*' is interesting and it appears that she believes not being open or straight with a client in a prison context can result in immediate distrust and suspicion. This directly conflicts with the key aspects to a therapeutic relationship (e.g., trust, empathy and congruence). Heidi describes that it could have been '*disastrous*' suggesting that perhaps in this context, with such clients, she believes there would be no way to repair ruptures within the therapeutic relationship. Perhaps, as demonstrated by other participants' accounts, the only option for clients is to completely drop out of therapy. This suggests within such a context Heidi perhaps views the importance of adopting such key aspects of the therapeutic relationship as even more pertinent. Although, a dilemma arises, because as seen in other participants' accounts, there is a struggle to act therapeutically at all times endangering the therapeutic relationship due to the threat they feel under. One interpretation may be that Heidi feels under less threat than some of the other participants (which may be because she is working with females) so she feels more able to adopt an open congruent stance with her clients which strengthens her therapeutic relationships. Further, it may be that she has been able to find more adaptive ways to contain any threat that arises. This will be explored further in the next superordinate theme 'containment'.

This subtheme highlights the complex interpersonal dynamics that can arise within the therapeutic relationship when working with client anger. It highlights how therapists' experiences of threat can potentially limit the development of the therapeutic relationship, as well as restrict the benefits of the therapeutic work. Due to feeling under such threat some participants were seen to be engaging in a non-therapeutic manner in order to protect themselves. By not allowing the anger to be thought about and expressed openly within the therapeutic sessions and by attempting to control the client's emotions at times, serious implications arose for the therapeutic relationship. This often resulted in a complete breakdown of the therapeutic alliance with the client dropping out.

In summary, the previous three subthemes demonstrate that the threat some participants feel when working with their clients' anger, often means they get lured into acting in non-therapeutic ways. Consequently, they appear to find it difficult to untangle their own emotions from their clients', thus becoming at risk of complete burnout. As demonstrated this has implications for the therapists' and clients' safety, as well as the therapeutic relationship.

4.3 CONTAINMENT

Following on from the last superordinate theme, which outlined the threat from working with client anger, this theme looks at the way participants attempt to contain themselves, their clients and the therapeutic relationship in the face of such threat. In the first subtheme, **'***Flattened toad effect:* Containing own emotional responses', participants highlight the need to attempt to manage their own emotional reactions in response to their clients' anger in order to contain their clients and the therapeutic

relationship. In the second subtheme, *'"I had my strategic hat on":* The system as a container', participants are seen to align with the framework of the prison system in order to contain both personal and institutional anxieties around risk when working with client anger. In the third subtheme, *'"I have a bubble around me":* Containment through the therapeutic framework', participants are seen to develop coping mechanisms within their work with client anger by using the therapeutic framework including therapeutic boundaries, techniques and psychological theory in order to contain themselves.

4.3.1 '*Flattened toad effect*': Containing own emotional responses

Most participants emphasised the need to manage and control their emotional responses within the therapy discussing this as the professional approach to take. They portrayed that not doing so might impact negatively on both client and therapeutic relationship. For example, Joan describes her experiences in relation to managing her emotional responses when working with client anger with this striking metaphor:

Joan *"I was digging in the garden and uncovered a toad but it was completely flat with all its legs out like this (spreads arms and legs out) and I thought if it'd been toad shaped I'd have taken its head off, I was so horrified by the thought I quickly covered it up again. This was often the, a kind of visual thing that used to come to me in the sessions, the consequences could have been quite dreadful, and that's the point where you can't afford to...enter into your own stuff to too great an extent (...) what I have instead is the squashed toad thing rather than feeling and acting out of fear" (12, 488)*

Joan's use of this metaphor summarises participants' overall feelings about the need for emotional control within such therapeutic work. Her description suggests that such work has the potential to unearth unsavoury emotions. It may be that her own responses to clients' anger are so disturbing that the only option she feels she has is to immediately suppress them, convincing herself that they need to be buried rather than explored. Thus, it could be interpreted that she is using defences firstly to protect herself from her clients' anger, and secondly, to protect her clients from her potential damaging response. Alternatively, a more optimistic view could be that Joan sees value in the process of self-reflection. By managing her countertransference responses through the use of the visual metaphor she is still able to remain somewhat present for the client in the session. This could be seen to be further evidenced as she discusses the importance of being able to distance herself from her powerful emotions in order to remain containing for the client:

Joan *"One gets all sorts of thoughts which obviously isn't, if you enter into them, that's not an appropriate reaction and wouldn't do the therapy any good whatsoever, but one is only human at the end of the day (...) hauling your mind back to try to stay with, trying to stay with whatever the, the fury is about" (3, 100)*

Her use of "*one*" reflects a somewhat impersonal tone and may suggest that she is attempting to try to contain her difficult responses. However, at the same time Joan highlights her human fallibility acknowledging the challenges in containing herself. As demonstrated in earlier themes, there is again a sense that Joan is able to function better than other participants in the face of client anger. This is demonstrated by the fact that she is able to haul her mind back in order to remain somewhat emotionally responsive

towards her client. Her use of the word "*hauling*" implies that she does not feel this is an easy task but one which requires great effort and strength. This highlights a real dilemma between feeling the therapeutic need to connect interpersonally with her client yet at the same time wanting to escape.

Heidi also reflects the importance of needing to manage or control her own emotions when working with anger in order to help the client:

Heidi *"It's about learning how to manage your own emotions really so you're not out of control, as it's not much good promoting yourself to your clients as being able to help them manage their anger if you can't yourself" (14, 566).*

Heidi appears very certain of the need for control and it could be interpreted that she believes the work would be utterly fruitless and that she would be unable to *"help"* in any way if she is unable to manage her own emotions. It could be that her view is heavily influenced by the surrounding prison context which foregrounds the need for control. Her use of the terms *"manage"* and *"control"* create the impression that she has perhaps had to suppress or contain her own very intense emotions when working with anger. Her reference to being *"out of control"* suggests the intensity of the emotions that she might be dealing with. The power of this language demonstrates just how challenging this work can be and highlights the importance that Heidi places on emotional control. It may be inferred that at times Heidi feels she has to present outwardly in a very different way to how she feels inwardly. Her use of the words *"promoting yourself"* gives the impression that she has to establish herself as a certain type of person, that she has to undergo some sort of transition, as if she is putting on a front. Perhaps she also believes that she has to assume the role of 'expert' thus teaching clients how one might appropriately manage their emotions. It could be interpreted that

she feels torn between being able to express her authentic feelings and holding onto a sense of control in order to remain the 'professional' therapist acting accordingly in the surrounding context.

Tracy discusses a need to detach herself from her clients' anger in order to contain her own emotional responses:

Tracy *"It's like de-personalising it for yourself, although this person is projecting their anger towards you it's not about you really it's about whatever's going on for them within their external or internal world, so just removing yourself from it" (15, 624)*

It seems Tracy feels the need to completely depersonalise herself from her clients' anger as a way of managing her potential emotional responses to it. She portrays her view confidently which may indicate that she feels such an approach, without question, is the 'right' and 'professional' thing to do. Ironically, although she seems to be detaching herself to protect her own responses from contaminating the therapy, it could be argued that by doing so she is putting the therapeutic relationship under strain, with clients potentially experiencing her as unresponsive and unempathetic. By refusing to acknowledge any involvement with her client's anger by detaching herself completely, she could be closing down exploration of potentially rich and fruitful intersubjective discussions around anger within the therapeutic relationship. This could fit with other interpretations in previous themes where Tracy was possibly ridding herself of any responsibility for her client's anger and as a result exploration within the therapy was quickly shut down. Thus, it seems that Tracy feels that the only way that she can protect her emotional wellbeing when working with client anger is through temporary detachment.

In Nina's account there is a sense of her moving away from her clients' anger as she describes attempts to contain her own emotions:

Nina *"I'm quite ashamed of the process, um I squeeze out a lot of the anger before I can actually deal with it. How I do that, um maybe how I do it because I don't really think about it too much is that um maybe what I do is I'll do something else not to do with the anger first and then after the client has been distracted by my decoy then I bring anger back in because then I would have got them into a different emotional state by saying something different and a state that I feel comfortable with dealing with, by then I've had enough time to compose myself and have composed them" (8, 326)*

It seems that Nina struggles immensely when dealing with client anger in the therapeutic setting. Her lack of pauses gives a sense of her speaking quickly in order to avoid having to feel something in response to her client's anger. Her use of the phrases, *"I don't really think about it too much*", "*I'll do something else*", and "*decoy*" all give this sense of this urge to avoid. She discusses bringing up a different topic to lull the client into a false sense of security which could be interpreted as quite a devious tactic. Additionally, it could be interpreted that Nina is invalidating her client's emotions, and rather than opening up a joint discussion around anger she closes down the interaction giving him little choice but to accept her decoy. This gives the impression that she controls what could be explored in the therapy based on what she feels comfortable with at the time *"once I've had enough time*". Thus, the power dynamic within the relationship appears to be heavily influenced. Her sense of shame regarding this infers that she is not happy about her approach as it is in discordance with her view as a 'helper' and values as a counselling psychologist. However, it may be that she feels she has no choice and her use of *"squeeze it out"* really highlights the need she feels to temper or dilute the intensity of the anger in the session. Further, the words

"comfortable" and "*composed*" again suggest she feels the need to retain emotional control within the interaction. Whilst at some level this may be in aim of containing the client and making the emotional intensity more manageable for them, there is a feeling that it is largely for her benefit. This could be seen to raise potential ethical issues within the therapy.

Sarah conveys a similar dilemma to other participants between the need to contain her emotions yet remaining emotionally present for the client:

Sarah *"I guess not reacting too much to his anger, containing him by actually being contained myself, by being clear and being consistent and hoping that once he could trust that at least I'm strong enough to deal with that and that I will continue to be the same person no matter which way he reacts. Not getting overly close to the client or pulling back completely or getting annoyed at him or getting upset with him. I guess in theory that's how it should work" (7, 332)*

"By not reacting too much" it may be that Sarah sees herself as a 'blank screen' for her client to project feelings onto, believing a more distant stance contributes to her ability to work safely with her emotional responses. However, by not reacting she could be viewed as invalidating the client's emotions. She promotes the ethos of working with one's feelings in a self-reflective way and conveys her sense that the client needs the therapist to be emotionally contained in order to feel confident in the therapeutic process. It could be interpreted that she feels a huge burden in carrying out this task and feels there is no margin for error with the client's progress dependent on this. This places enormous pressure on the therapists to manage their responses in order to contain the client, and Sarah's use of the words "*in theory"* may suggest she finds this difficult to do in practice. This highlights again the question of how emotionally involved

therapists are when faced with client anger in such settings. It seems there is a fine balance which needs careful negotiation between the need to be emotionally contained and maintain interpersonal connectedness, whilst at the same time not appearing to be emotionally distant.

Most of the participants discuss the importance of protecting both themselves and the clients by containing their emotional responses. However, David communicates a conflicting perspective on the implications of his emotional responses. Initially he takes an approach similar to other participants being cautious to contain his own emotions in response to his client's anger stating, "*I didn't change at all I kept my voice flat" (3, 115).* Yet on the other hand, he discusses the value of openly recognising and sharing his emotional response to the anger with the client. He describes staying connected with his client's anger in the following account:

David *"If I can feel his anger and not feel afraid, not want to retreat from him or close down then I can feel his sadness and I can feel his sorrow and I can feel his joy and it won't affect me adversely either (...) you just get in there, you get a sense of ok we've done that, we've crossed that bridge, we've broken the barrier and it's a barrier between two people because it's almost like you get an extra connection then...you're connected with him and his anger" (16, 701)*

It seems that being responsive on an interpersonal level is important in David's work. It could be interpreted that he perceives his own emotional responses to his client's anger as a way of understanding his client's overall experience. He argues there is therapeutic value in connecting and sharing the client's experience of anger in order to connect with other difficult emotions. Despite the challenges highlighted thus far by other participants, he conveys that if the therapist is able to do so, there are opportunities for

client development within the therapeutic relationship. The words "*get in there*" suggest an intersubjective connection with the client as he describes breaking the *"barrier"* with his client. There is a sense that he offers an emotional space to the client and enters this with them enabling the client to communicate their feelings in a contained way. Reflecting on the idea of barriers further, it could be interpreted that David and his client are experiencing very different worlds, which are not only separated by psychological barriers, but also by the very real physical barriers of the prison walls. It could be said that David also views his own emotional responses as a valuable tool for breaking psychological barriers enabling him to connect with his client's very different world as he describes *"crossing that bridge".* Thus, David seems to be presenting this embracing of his client's anger as being central to his therapeutic work, and this can perhaps be seen as being in diametric opposition to the detaching or moving away from the anger as described by other participants. Although, it could be argued 'embracing' client anger within prison settings is very complex, as evidenced by David's above account which contradicted with a previous account where he describes feeling unable to be emotionally present with his client due to risk issues. Again this highlights the therapeutic challenges when working with client anger in prison settings.

In this subtheme there appears to be a dichotomy between how the participants promote themselves and contain their emotions. On one hand there is the 'professional therapist persona' who manages to contain emotion, and on the other, the perhaps more 'human persona' who finds it difficult to contain emotions. Most participants detached themselves to prevent their potentially destructive emotional responses from disrupting the therapy, rather than give way to their own feelings. They saw this containment as allowing them to provide a more professional response. On the other hand, David's embracing of the client's anger added a valuable intersubjective moment within the

therapeutic work. He felt this deepened the relationship and helped him connect with other underlying painful emotions. However, as highlighted previously, such therapeutic responsiveness to client anger within prison settings is complex and needs to be considered within the broader context of the prison system.

4.3.2 *"I had my strategic hat on":* The system as a container

At times participants were seen to interact with their clients in ways that may not traditionally be associated with counselling psychology. These interactions could be viewed as being more aligned with the prison system. For example, some participants directed the sessions away from a therapeutic model to a risk management approach. Within this approach they were seen to assess, monitor and make judgments about their clients in regards to risk. However, given the challenging nature of the work it could be interpreted that aligning to a prison's risk approach is necessary for participants to contain their own anxieties as well as broader institutional anxieties. For example, Heidi describes her response to a client who physically stood up while expressing anger within a session:

Heidi *"Straight away I had a safer custody hat on and already in the session I was evaluating in between moments of what we could do better and what needs to happen, I had my strategic hat on as well" (8,330)*

There is a sense that she feels under threat from her client's physical action as she seems unsure of what her client might potentially do next. There is a sense of immediacy as she describes "*straight away*" going into 'system mode' as she describes wearing her *"safer custody hat"*. This potentially impedes her emotional presence with the client as her thinking becomes focused on strategy. It could be interpreted that the restrictions of

safer custody policy are a distraction for her whilst she struggles with her emotional response to her client's anger. It may be that she gets a sense of personal protection from her "*safer custody hat",* as well as protecting herself from system reprimand. Another view could be that by wearing these various 'hats' she confidently feels able to switch between different roles within the therapeutic encounter. It may be that this is an adaptive way to manage interactions with her clients when they are expressing anger in order to contain the situation and be able to continue with the work appropriately. However, interestingly she doesn't refer to wearing a 'therapeutic hat' which may suggest that when faced with clients' anger in the prison setting managing risk automatically outweighs any therapeutic aims.

Tracy describes gaining a sense of reassurance from the system's risk protocols in order to carry out her work with angry clients:

Tracy *"I had read his OASys report which gave me an idea of how he was, you've got knowledge about their angry behaviour, I'm not saying it can't happen if there's no history of physical violence but if you look at somebody's history it's least likely to happen to a certain extent so it's about again analysing the situation, doing the risk assessment and then based on that risk assessment asking, do I go ahead with this session, do I bracket this fear and continue with it and knowing again you've always got choices" (10, 444)*

It seems that Tracy feels empowered by using the system's risk protocols/databases and places faith in them enabling her to make safer and informed choices about the therapy. By knowing about clients' histories and backgrounds it seems she is able to use this to help her understand what could potentially happen in sessions. This could be construed as being containing in two ways. Firstly, as Heidi previously described, it offers

therapists a structure to call upon if risky situations arise in therapy. Secondly, it forewarns therapists of potential risk before even starting therapy. There is a sense that Tracy is arming herself with 'insider' system knowledge, perhaps almost using it as a shield in order to protect herself. It may be that Tracy feels there is a sense of safety in being able to clarify anger as an offending behaviour or entity that is predictable and can be controlled. It seems she uses such information in forming an impression of "*how he was"* before even meeting her client, potentially biasing her opinion placing them on an even more unequal footing. The client seems to lose all rights to confidentiality as a result of the surrounding context, but this appears to be justified by Tracy in terms of risk management, which out of necessity must be foregrounded over therapeutic needs. This raises questions around power and client autonomy within the session with the client being unable in a sense to choose what he brings to the therapy. Thus, it could be portrayed that she is exacerbating the power differential that already exists within the prison context. Tracy also asks the question *"do I go ahead with the session?"* suggesting that the system information could also be jeopardising therapy before it even commences. The knowledge that clients may have previously acted upon their anger may influence therapists' responses in sessions, seeing 'anger' as behaviour to be managed rather than emotion to be explored. This highlights the tension therapists feel between 'control' versus 'care' within such settings.

Simon can also be seen to be drawing on the prison system within his work with client anger:

Simon *"it's [working on client's crime] generally more to do with what the forensic psychologists do but it comes up for us, in this case because of the actual fact that the client was denying something and he was saying that his anger problem wasn't anything to do with his crime which was rape, so it was more the denial of things that I*

was trying to work with and he became so entrenched. He was just completely blocked off and you could feel underneath it was just this aggression and anger that was starting to rise in him" (16, 714)

Simon appears to be more consciously aware than other participants that his role as a counselling psychologist crosses boundaries with the role of a forensic psychologist. There is a sense that he feels responsible for containing the level of risk posed by his client's anger. Perhaps, by working on the client's denial of the crime Simon can reassure himself morally, that he is working in the best interests and protection of the public in line with the system's aims. It could be said that this potentially removes some of his anxiety by diminishing his sense of individual responsibility. This contextually influenced approach to working perhaps makes it difficult for Simon to see the individual, as he categorises his client and his emotions by the offence that he's committed. Consequently, his client gets *"entrenched"* and becomes *"completely blocked off",* which has potentially damaging implications for the therapeutic relationship. Again, this potentially alludes to a very real problem of counselling psychologists being drawn in to acting in non-therapeutic ways.

Although it seems that participants are gaining a sense of containment from the system, David's account reflects how the system can actually complicate therapeutic work with anger:

David "*I mean if you take the tack of no we can't allow anger and it needs to be controlled then you're actually colluding with the regime which is forcing them into repression. If you acknowledge the anger as a problem then that's great except you're then saying to the client, 'you've got this problem because the only thing that you can*

feel is anger and you're not allowed to feel it in here', so where do you go with that?!" (12,494)

David seems to be saying that the system adds resistance to therapeutic work with anger by requiring the therapist to contain the anger rather than explore it. There is a real sense that he feels restricted by the system and conveys a sense of impotence about how to work with anger in such settings as he concludes with *"so where do you go with that?!*". It seems he feels the weight of the institution whose primary aim is punitive, and which juxtaposes with his more therapeutic aims. David adopts a more reflective and ambivalent stance towards the system and seems to resist the idea of colluding with risk policies in order to control clients' anger. Although, interestingly his earlier account where he describes using the prison's security team to manage risk seems to contradict the more reflective stance he shares here. Again, this highlights the multiple dilemmas that counselling psychologists are continually faced with in such work suggesting it requires more than flexibility, and implying that there are significant compromises to their identity.

In this subtheme there appears to be a dichotomy between the system as 'container' and the system as 'restrictor' within participants' therapeutic work. By aligning with the prison system most participants are seen to contain their anxieties, however in doing so they appear to compromise their counselling psychology values. Consequently, the power dynamic within the therapeutic relationship may be compromised. A relationship which involves one party imposing power over the other could be argued as abusive rather than therapeutic. This raises complex questions regarding the validity of therapy within prison settings.

4.3.3 "*I have a bubble around me":* Containment through the therapeutic framework

Following on from the previous subtheme where participants were seen to use the system as a container, this subtheme explores how participants develop personal coping mechanisms when working with client anger. Participants convey the necessity to set up therapeutic boundaries in order to conduct safe practice, both for the client's containment as well as their own. They are seen to do this by using the therapeutic framework including therapeutic models, techniques and psychological theory. Nina describes:

Nina "*Anger's a huge thing, and I'm aware that I have a bubble around me, and it's a strange thing but I think my bubble is, I have my piece of paper, with my notes, my book, with my pen. I have any exercises that I've done with my clients, then I have ideas of what happened last week, and the previous session, but already I've created my force field" (26 1022)*

Nina appears to use a psychological *"bubble"* consisting of her notes, book and pen to provide a predictable structure to keep any potential anger under control enabling her to feel safe. It is as if Nina becomes immediately defensive when working with client anger and feels no choice but to put up a *"force field"* and retreat into her 'safe space'. Her use of this term is interesting, bringing to mind a powerful image of something that repels as well as protects and gives her the strength and containment she needs to be able to carry out her work with client anger. Another interpretation is that having a *"bubble"* of material things acts as a barrier between her and the client, potentially interrupting the intersubjective connection. It may be that she sees the *"bubble"* as a symbol of her 'expertise' thus keeping Nina at a professional distance from her client.

She may visualise her *"bubble"* as a chamber from which she can be physically seen but not emotionally touched. This again raises implications for the therapeutic relationship and how 'present' the client feels the therapist is. However, a bubble is something delicate that can be easily popped and despite discussing it here as a protection device she may also feel that she can never really be fully contained.

Other participants also discuss using therapeutic boundaries as a way of keeping themselves and their clients safe. Sarah states, *"I'm very strict about the time and boundaries and stuff" (12, 592)* with Tracy adding further:

Tracy *"If you have a therapy contract with a client then that lowers your fear around that client when they become angry because then you've got a strategy, you've got an exit and you've already laid your cards on the table, you've boundaried it and in our confidentiality policy we actually say that the therapist has the ability to stop the session at any time if they feel unsafe, so it's making sure you've got the grounding and the foundations in therapy as solid as you possibly can" (10 425)*

The boundary setting described by Sarah and Tracy can be seen to echo Nina's idea of a *"force field"*. In contrast to Nina, they seem to have a more practical sense of keeping themselves psychologically and physically safe, for example, Tracy's use of the word "*solid*" could be seen to stand in direct opposition to Nina's delicate and fragile *"bubble"*. Tracy's discussion about laying her cards on the table presents a somewhat more straightforward approach than what Nina is conveying. She builds a strategy into the therapy to feel more secure in the knowledge that she can *"exit"* at any time, which relinquishes control to her. Although this may be containing for the therapist, questions remain about how containing this may actually feel for the client knowing that the therapist could 'exit' at any time. It could be argued that the transparency towards the

client reflected in Tracy's account may be enough to counteract any negative impact from the power dynamic upon the therapeutic relationship.

Simon describes using a particular psychological model in order to contain himself and his work with client anger:

Simon *"It's always CBT that's recommended to work with anger to look at, to get rid of, change negative thoughts, so that's the one I'll always go in with" (12,525)*

He appears to accept, without question, standardised clinical guidelines that promote CBT as the given way of working with anger "*always*" using it. It seems to be particularly important for him to identify with a certain approach or define his practice in a certain way in order to protect himself. His words *"go in with"* suggest that he sees the psychological model of CBT as protection, aligning with Nina's description of her *"force field".* By applying a specific technique to address the anger it may be that he views anger as a negative emotion needing to be 'changed'. It may be that he gains a sense of containment from the broader clinical guidance offering him predictable and safe ways of responding. This mirrors Simon's previous accounts where he becomes preoccupied with the system's risk management approach to contain his anxieties. Thus, it could be argued that by foregrounding a more straightforward theoretical account of anger using solely CBT he ignores a more complex pluralistic approach towards anger.

Joan also relies on a psychological framework (*"bubble")* to contain her work with anger, although she presents a more complex account than Simon does:

Joan *"You kind of move from the phenomenological really to the kind of more systemic type of stuff….that's how it is, you know there's no set theory, you go with whatever is*

functional and constructive at the time for the person within the context, whatever that is really" (25, 977)

Joan's approach is less reliant on a rigid approach and there is a sense of flexibility as she describes the need to move between frameworks depending on the client's context. She conveys the impossibility of separating context from the phenomenological work around anger as the two are inexplicably linked. Thus, as the therapist she realises she needs to take into account individual client experiences around anger and it may be she feels more able to do this than other participants.

Grace also conveys the need for therapeutic interventions for containment, and like Joan uses them flexibly to differentiate her responses to the individual context of clients.

Grace *"I never work solely in one way with anger in here because usually there's lots of strands, they might be suffering from a bereavement as well, so CBT you know is not going to help very much, so it's a mixture of everything as and when, I play it by ear a lot of the time and I mean I never have a set plan of how I'm going to work with someone" (12, 541)*

Her use of the phrases *"I play it by ear"* and *"I never have a set plan"* demonstrate her flexibility. Grace portrays the idea that the task of understanding client anger in prisons is a complex one as reflected in her statement *"there's lots of strands"*. To work in an adaptable way, accommodating and exploring these complex needs seems necessary and unquestionable to her.

Both Joan's and Grace's experiences emphasise the difficulty of working therapeutically with clients' anger in a one-dimensional manner, and highlights the challenges of arriving at a conceptual understanding of anger for this particular client group. They both appear to promote a more humanistic approach and outline the

importance of acknowledging the ‘person’ before the ‘anger’, conveying the recognition of difference. Their view appears to counteract attitudes in which anger is seen with negative connotation, needing to be ‘managed’ rather than explored. It could be construed that this flexible approach would enhance clients’ engagement in therapy, as therapists would be more responsive to client needs. Therapists working flexibly within the prison setting however, may face significant conflict from the system, as this starkly contrasts with the more rigid prison regime which promotes ‘enforcement and control’.

In this subtheme, on the one hand, the therapeutic framework was seen to provide a safety net for therapists in their work. However, on the other hand, when applied rigidly the therapeutic framework could be seen to restrict therapists from working flexibly and taking into consideration individual context. This potentially has implications for the therapeutic relationship, for example, if the client views the therapist to be intransient they may feel their needs are not being met within the relationship.

In this section the two superordinate themes and the constituent subthemes have been illustrated by close analysis and interpretation of participants’ experiences. This analysis offers an interpretative understanding of how these eight participants experienced working with client anger in prison settings. This account is not exhaustive or conclusive, but rather an attempt to understand the experiences described. The convergences and divergences that have been explored in this section are reflective of the epistemological view discussed in the previous chapter. These findings will now be developed in the discussion chapter that follows.

5.0 DISCUSSION

5.1 Overview

In this section the overall themes from the analysis are briefly summarised before exploring the phenomenological accounts in more depth. The findings are discussed in relation to existing research in this area, as well as the theoretical literature. Many aspects of interest were uncovered within the analysis, however, areas most pertinent to the research question, how do counselling psychologists experience and respond to clients' expressions of anger in prison settings, have been given focus. The implications of this for counselling psychology practice are considered, and the research is then methodologically critiqued. Finally, the limitations of this study and suggestions for future research are discussed.

5.2 How do counselling psychologists experience and respond to clients' expressions of anger when working in prison settings?

From the analysis presented in the previous chapter there were two main themes that emerged. The first detailed how participants experienced a sense of *threat* in response to client anger which culminated in internal conflict for participants, including struggling to bear the difficult feelings aroused in them, challenges in keeping their own emotions from becoming enmeshed with their clients' emotions and grappling with complex and challenging dynamics within the therapeutic relationship. These experiences highlight the complexity, confusion and uncertainty that such work evokes. The uncertainty and threat often resulted in participants acting in what could be seen as non-therapeutic ways, such as blaming clients and colluding with the client as an avoidance tactic rather

than dealing with the anger. This had significant consequences for the therapeutic relationship and participants often described a complete breakdown of the relationship as clients dropped out of therapy.

The second theme focused on participants' attempts to *contain* themselves, their clients and the therapeutic relationship in the face of such threat. Participants discussed the importance of learning to manage their emotional responses to client anger in order to remain professional and contain the client. They also conveyed that the threat could be partially alleviated by aligning with the system to gather risk information and relying on the therapeutic framework for support. Participants felt they were constrained by the context in which they worked and the power dynamic imposed on themselves and their clients. The way in which participants conceptualised and responded to their clients' anger was, at times, influenced by this power dynamic, creating ethical tensions for their identities as counselling psychologists.

The following sections will examine themes most pertinent to the research question, and explore how this may add to the understanding of counselling psychologists' experience of working with client anger in prison settings. It is also anticipated that by exploring counselling psychologists' responses to client anger in depth, it may reveal the impact these responses may have upon the therapeutic process. Naturally, some divergence was found in the above themes and this will be explored in more depth in the 'methodological considerations' section.

5.2.1 Threat of Burnout

Working with clients who express anger in prison settings seemed to elicit strong emotional, physical and behavioural responses in the therapist during therapy sessions. All of the participants described negative emotional reactions in response to their clients' expressions of anger, which included feelings of fear, dread, frustration and anger, along with a sense of feeling completely deskilled and helpless. Interestingly, unlike Jackson's (2010) qualitative study which explored music therapists' responses to client anger, none of the participants described less emotionally charged feelings about their clients' expressions of anger, such as surprise, understanding, or positive feelings about the expressions. More prominent in this study was the focus on negative feelings, and strong somatic reactions, possibly related to the high level of tension in client situations that may exist within pressured prison environments. Participants also reported feeling overwhelmed by the intensity of their emotions in response to client anger and Joan's use of the phrase "*hammered to the ground like a tent peg*" was particularly illuminating in demonstrating this. There was a sense that participants were heading towards complete burnout as they struggled to remain emotionally available for their clients in the face of extreme anger.

Sprang, Clark and Whitt-Woosley (2007) describe 'burnout' as being characterised by a sense of emotional exhaustion, loss of idealism and feelings of reduced self-efficacy in relation to one's work. This was evidenced in different ways in participants' accounts, for example, Nina's emotional deficit was embodied as a need for physical nourishment and there appeared to be a real difficulty for participants in working with their somatic responses. Further, feelings of helplessness and powerlessness were seen to run through most of the participants' accounts as they described feeling 'paralysed' and were left unable to act.

The reactions described by participants could be seen to resemble post-traumatic reactions, for example, Sabin-Farrell and Turpin's (2003) review of therapists working with trauma suggests that therapists' responses to trauma involve intrusive and avoidance symptoms, physiological arousal, and feelings of helplessness and isolation. This understanding could lend partial support toward participants suffering with a form of vicarious trauma (McCann & Pearlman, 1990). McCann and Pearlman describe vicarious trauma as a process where the therapists' experience of themselves, others and the world around them, is negatively affected as a direct result of an empathic connection with clients' traumatic material. They suggest that if therapists are unable to assimilate or express their own responses to traumatised clients, they may also become possible secondary victims of the crime.

Although the construct was initially intended to describe the effects of working with survivors of sexual violence the conditions thought necessary to produce vicarious trauma also exist in therapy with the perpetrators of sexual violence (McCann & Pearlman, 1990). For example, Rich (1997) conducted an investigation of vicarious traumatisation among therapists working with survivors and perpetrators of sexually violent crime and found that 62% of participants identified themselves as suffering from vicarious trauma, reporting doubts about their ability to manage their jobs, as well as feeling discouraged, despondent and anxious.

Further, Kadambi and Truscott (2004) found when investigating burnout among professionals treating offenders that approximately one fifth of the sample fell within the high range for the emotional exhaustion and depersonalisation subscales. These subscales are considered key features of professional burnout (Maslach, Jackson, & Leiter, 1996). Higher mean scores on the depersonalisation subscale (which measures indifferent, cynical and impersonal attitudes towards clients) are particularly notable as

depersonalisation is in direct opposition to the core aspects of empathy and empathic engagement, which is considered an essential ingredient in effective therapy (Rogers, 1992).

It may be that since empathy is the vehicle through which vicarious trauma develops, participants potentially reduced their empathic responding in an attempt to prevent personal distress. Indeed, it may be that the experience of burnout in response to a client's anger within such settings led to participants to become emotionally distant towards clients. Additionally, Neumann and Gamble (1995) conclude, if unaddressed, the implications of vicarious trauma can be highly problematic including the therapist disengaging from their clients, 'victim blaming', violating therapeutic boundaries and struggling with reflective processing of countertransferential dilemmas.

Thus, this analysis cautiously points towards an understanding that suggests working with client anger in prison settings evokes a similar set of responses to those experienced when working with trauma. Neumann and Gamble (1995) suggest that trauma work requires therapists to tolerate lengthy periods of feeling helpless, inadequate, shamed, attacked and abandoned, and participants' experiences in this current study also reflect this. However, it could be argued that clients in such settings are likely to have suffered multiple traumas and present with complex comorbidities (e.g., Singleton, Meltzer, & Gatward, 1998; Birmingham, 2003; Brooker, Gojkovic, & Shaw, 2008).

Therefore, it may be that some clients are expressing anger within the context of complex trauma, accounting for the similarity in participants' responses to those found in trauma work. For example, Flemke (2009) interviewed 37 female prison inmates to research how women's past trauma experiences had an impact on their current anger.

He found that the way women process earlier trauma has an impact on how they process and act upon current anger-provoking situations. Moreover, according to Flemke, when trauma memories are elicited the client may become enraged at the present situation or person (e.g., the therapist) regardless of whether they were the trauma-inducing individual from the past. Hence, future studies investigating the context of clients' anger within prison settings would be useful to further explore similarities in therapists' responses to those found in trauma work.

5.2.2 Challenging interpersonal dynamics

Participants described a number of difficult interpersonal dynamics with clients who were expressing anger in sessions. They described feeling manipulated, tricked and drawn in by their clients' anger and as a result reported experiencing the relationship as pulling them to relate in a non-therapeutic way. For example, Tracy appeared to be continually aware of the risk of being manipulated, "*he was trying to emotionally manipulate me with his anger"* and remained on guard in the sessions. This builds on early research by Haccoun and Lavigueur (1979) that investigated therapists' responses to client anger in student settings, which also found that therapists experienced clients with anger difficulties as manipulative. Dalenberg (2004), in her study which examined both therapist and client perspectives on working with anger within the context of trauma, discusses the concept *'*disagreements over manipulations' (p.441). She explains this as clients believing that therapists misunderstand their expressions of anger, which are stressful to therapists, and see them as attempts at manipulation, resulting in further expressions of anger as clients feel their needs are not met.

Consequently, in the current study participants were seen to manipulate the therapeutic interactions for their own gains/safety (e.g., diluting anger, controlling anger, avoiding anger). Participants' responses could be viewed as intrusive and perhaps even a form of psychological control. Barber (1996) defines psychological control as being characterised by overly controlling and coercive parenting that intrudes into the child's thoughts and emotions and is not respectful of the autonomy of the child. In short, a psychologically controlling parent (i.e., therapist) strives to manipulate the child's (i.e., client's) thoughts and feelings in such a way that the child's psyche will conform to the parent's wishes (Barber, 1996). Thus, the child's (i.e., client's) needs are not met and they do not feel they have the opportunity to fully express their feelings. DiGiuseppe (1991) outlines if clients feel their anger is not believed or their anger is minimised they tend to disengage or become angrier, as demonstrated by several participants who described their clients ending the therapy prematurely.

Additionally, Stone (2006) argues that when the client is unable to verbalise experiences they are more likely to project their embodied feelings on to the therapist making it harder for them to untangle themselves. This was seen in participants' accounts when they described the challenge of untangling their own emotions from their client's emotions which resulted in them experiencing strong physical responses. This could be understood in terms of enmeshment, where at the extreme of boundary dissolution there is a lack of acknowledgement of the separateness between the self and other (Gitterman, 2004). When a 'good enough holding environment' (Winnicott, 1960) has not been provided by the mother, a consequence is that clients are not able to safely consolidate a separate and cohesive sense of self (Ogden, 1989). It seems clients' early traumas were re-enacted in the transference relationship with participants, and their desire for merger yet their fear of actual closeness prevented them from relying on words to communicate.

Thus as Ogden (1989) outlines, during treatment separateness has to be defended against, for it brings with it the threat of re-experiencing early childhood feelings of isolation and fears of annihilation.

Participants' experiences could be said to relate to the theory on enactments where therapist and client experience themselves becoming stuck in emotional positions (Maroda, 1998). Chused (1997) outlines enactments as "a jointly created interaction, fuelled by unconscious psychic forces in both patient and analyst which culminates in a mutual sense of puzzlement and a certain sense of being emotionally out of control" (p. 265). Further, as Ginot (2009) suggests, neither are able to reflect upon the complex dynamics that propelled them into these positions within the therapy.

However, he additionally posits that enactments can be a valuable way to gain access to what the client cannot yet verbalise. Within this study it seemed that participants' experience of not being recognised and their lack of agency related to their clients' early traumatic experiences. Gitterman (2004) suggests it is often the 'living through' of these painful emotional experiences with a client that eventually serves to repair their trauma and eventually the client can have a different experience. She conveys that the therapist's affective participation must be real, or the patient cannot continue, thus, enactment involves mutual stimulations of repressed affective experience (Gitterman, 2004). If therapists are able to reflect on this experience with their clients, they can offer an opportunity to integrate new experiences for their clients. However, for participants in the current study it seemed difficult for them to reflect in this way.

Drawing on Benjamin's (1990) intersubjective concept of recognition can further aid in the understanding of participants' accounts. She describes that recognition involves two subjects relating in a way that acknowledges the other as another separate person

without collapsing the distinction between self and other. Benjamin's (1990) central claim, relating to both her view on early development and to psychoanalysis, is that the developmental path to self-consciousness runs through recognition of the subjectivity of the care giver (e.g., of the mother or the analyst). She outlines "that the other must be recognised as another subject in order for the self to fully experience his or her subjectivity in the other's presence" (1995, p. 30). Thus, in her version of intersubjective psychoanalysis, the mother/analyst can no longer be merely the object fantasised intrapsychically (Benjamin, 1990).

Within this understanding enactments can therefore be seen to arise when two people are unable to mutually recognise the other. Benjamin (1990) also highlights that the development of agency is reliant on the experience of recognition and mutual impact with care-givers in early life, and where there is impairment in terms of being recognised as an agentic self, the capacity to recognise the other is also impaired. Thus, participants were unable to develop a sense of agency within this study due to their inability to make themselves 'recognisable' to their clients within the therapy. Further, what resulted for most participants in this study was a complete 'breakdown' within the therapeutic relationship, which Benjamin (2000) explains occurs when the 'other' cannot be recognised due to the 'other' being too different.

However, Orange (2010) outlines a potential criticism of Benjamin's point of view on recognition. She argues that despite the emphasis on mutuality and on the relational, examples of what she calls 'now' moments usually involve some unusual generosity or self-expressiveness by the analyst (Orange, 2010). Orange feels that there is little emphasis on any obligation of the patient to transform the analyst as object into the analyst as subject. She emphasises that "the specific human capacities and qualities of the particular analyst's experiential world are what make the intersection of worlds

possible in dialogic processes of mutual regulation and mutual perception" (Orange, 2010, p. 230). Indeed, she further outlines that "what we acknowledge in relation to the other is not primarily the other's identity or status, but rather, our own intersubjective vulnerability" (p.232). Thus, she posits that recognition is best understood as a type of acknowledgment and acceptance of our mutual vulnerability in the treatment process (Orange, 2010). This then allows an open a space in which the client can use the therapist for whatever is needed. In order to do so though, the 'other' will need to be someone who can withstand the client's anger and challenge, in one of Winnicott's (1960) more Kleinian terms, 'destruction', which again seemed difficult for participants.

Therefore, Orange (2010) argues the shift in therapy then comes about because the therapist is able to be flexible and vulnerable, to respect clients' expertise on their own experience, and to find ways of connecting with desperate and despairing people. However, in order to reach such a shift both therapist and client need to take risks in order to acknowledge and accept the other's vulnerability, which in this particular study seemed almost impossible for participants to do. It appeared that the specific "human capacities and qualities" (p.230) of participants, that Orange outlines as a necessity for recognition, were often distorted by defences erected for their own protection.

Participants appeared unable to communicate to end enactments, thus diminishing the effectiveness of the therapeutic relationship as they were unable to help the client explore and gain an understanding of their negative experiences. At worst, participants described the client dropping out of therapy resulting in complete breakdown of the therapy relationship. Thus, it seemed that when a powerful enactment between client and therapist was not correctly identified and worked through, the client's reality was subjugated to the therapist's, resulting in countertransference dominance. As Gitterman (2004) argues, any significant diminution of the patient's experience caused by the

analyst's need to replay his or her own past constitutes injury and a disservice to the patient, as well as a treatment failure.

In summary, participants were seen to struggle working with enactments and lacked confidence in their ability to work with them within the therapy. These struggles seemed to be addressed by participants through the erection of boundaries, by adopting a blaming stance towards the client, or by avoiding discussions about the anger altogether. Thus, this research highlights the challenges posed by enactments for therapists when working with client anger in a prison setting, and the damaging consequences of them for the therapeutic relationship. Therefore further research is required to explore how therapists should deal with transference when working with anger in such settings, to aid treatment and, at the very least, ensure it does not damage the therapeutic relationship.

5.2.3 Complexities of the prison context

Participants appeared to find it hard to tolerate and discuss openly clients' feelings of anger without becoming contaminated by it. This is discordant with existing research exploring therapists' responses to client anger in non-prison settings (e.g., Jackson, 2010; Kannan et al., 2011). Both of these studies discuss participants' abilities in allowing clients' expression of anger openly within therapy, validating it and staying present whilst working through the anger with the client in a collaborative fashion. Thus, it may be that in the current study it was harder for participants to do this due to the prison context within which they worked. For example, index offences can bring up disturbing issues for clients as well as for therapists, complicating countertransference further. In response to client's offences within the context of anger, participants were

seen to react in one of two ways. Some armed themselves by gathering as much information as possible on the offence through prison databases in attempts to prevent manipulation from the client's anger. Whilst others conveyed a sense of not wanting to believe what they heard, remaining in denial about the offence.

Mitchell and Melikian (1995) argue that the therapist's fascination or abhorrence concerning the offences can interfere with an understanding of the whole person, and with understanding the experiences of loss, sadness, and emptiness so frequent in the prison population. They outline that denial of the offence can have serious therapeutic implications, as when the client is seen primarily as victim due to the therapist's need to minimise the offence in order to maintain empathy, it may obstruct or delay the need of the offender to bear the responsibility of their acts. Such denial was demonstrated by Grace who repeatedly uttered, "*I was sure he didn't do it*" when referring to her client's index offence of murder.

Given the aforementioned parallels between the dynamics of trauma therapy and offender therapy, it seems pertinent to draw again on Neumann and Gamble's (1995) research discussing countertransference reactions of therapists to trauma. They posit that clients' experiences are apt to destroy therapists' personal and cultural mythologies, their deeply held beliefs about human nature, the sanctity of childhood, and the capacity for evil that exists in us all. Thus, denial may be a form of self-protection for participants in response to an 'assault' on their world views, thus, by denying clients' experience they are attempting to safeguard their own cherished beliefs. However, this serves to distance therapists from understanding the personal experiences of their clients, and this distancing buffers the therapist from the pain engendered in authentic human relating with their clients.

Alternatively, Mitchell and Melikian (1995) argue it is important for therapists to be aware that they are not projecting their own anger towards the offences on to the clients, viewing them as more dangerous than they are. For example, becoming aggressive in questioning and intervening with the client may be another defence. This was seen with Simon who admitted to taking on the role of a 'forensic psychologist', becoming intrusive and insistent about working on his client's offence despite his client's resistance. He openly acknowledged that this was something he wouldn't normally do as a counselling psychologist which suggested he may feel a sense of shame over his actions.

There was a sense that participants struggled with the tension, as they felt a responsibility to deal with the demands of, not only their clients, but also institutional mandates and societal expectations for treatment. The interaction of client, institutional and societal factors creates what Hill (1995) refers to as "triadic countertransference" (p.110), which produces a unique pattern of empathic engagement and disengagement with the client throughout the therapy process. Consequently, this pattern of engagement and disengagement may produce a therapeutic alliance that is somewhat more distant than with a non–offender clientele as can be seen throughout participants' accounts.

Thus, working in a prison context brought a tension for participants between ensuring safety/managing risk and attending to the therapeutic process. It seemed that participants experienced conflict and dissonance between their relationships with their clients and the organisational policies and culture. In dealing with such a tension participants were seen to manipulate the therapeutic interactions and through doing so distorted the reality of the clients' anger and their experience with the client. It seems if the therapist is not able to recognise the range of their own reactions and feelings, this

adds to the denial of the offender's offence, although at the same time an over-emphasis of the offence can come at the expense of 'recognising' another human being. Gordon and Kirtchuk (2008) summarise such a dilemma, stating that if the balance is not kept then therapists working in such settings oscillate between mindless sympathy and exerting control and power.

5.2.4 Attempting to contain one's own emotional response

It seemed that participants felt expressing their emotions within the therapy would result in a complete loss of control, with them becoming overwhelmed and thus being unable to contain the therapy. They also appeared to convey that expressing any emotion within a prison environment would be looked upon as 'unprofessional'. This is in accordance with Gordon and Kirtchuk (2008) views, who suggest therapists working in prison settings have powerful inner feelings but that there is almost a total absence of outward expression of them. They argue to experience such strong emotional reactions to clients and discuss them with other staff is equivalent to professional suicide in such settings. This may be accounted for by the fact that prisons are establishments primarily concerned with security (Prison Service, 2000a) and they create a regime that is naturally restrictive and governed by strict rules (Prison Service, 2000b). To disobey these rules can result in punishment and potential danger, thus, participants' reluctance to openly express their emotions may be understandable.

Participants also tried to limit the extent to which the client was aware of their feelings in order to contain the client. For example, several participants described using a 'blank screen' approach to remain 'neutral' in the interaction with their clients. Participants' experiences could be seen to relate to those described in Mitchell and Melikian's (1995)

research that explored females responses to working with male sexual offenders. They specifically discussed the issue of "recognition of one's own sadistic thoughts" (p. 88) and found that in work with sexual offenders, therapists confront not only the sadistic acts and fantasies of their clients but also may need to confront their own sadistic fantasies and impulses. They suggest that these fantasies may feel wrong or unacceptable to the therapist as they may conflict with their self-concept or identity as a nurturing, helping professional.

It could be that in the current study participants felt torn, as on the one hand they wanted to reach out as a nurturing therapist to their clients who had difficulty experiencing their anger, but at the same time contemplating their potentially sadistic fantasies led to them recognising that in many ways they dreaded becoming involved with the client. As discussed earlier, by keeping own reactions and feelings (including denial and identification with the victim) out of awareness, the therapeutic relationship is impaired. Thus, a tension arises as it seems the answer is not to eliminate any human responses by the therapist, yet in order to protect themselves this is what participants were seen to do.

Dalenberg (2004) argues that non-response is both problematic for clients (who require some disclosure for the sake of predictability) and strenuous for the clinician (who may require some disclosure as an emotional safety valve). In her 2004 study exploring clients' perspectives on anger within therapy, she found that the least satisfied clients were those who stated that the therapist showed no real response and presented as a 'blank screen'. This was interpreted as lack of care, since anger from a valued other should matter. In effect, felt anxiety and anger in the therapist may be a sign of the value of the relationship to the client. Specifically, clients reported that they found it most helpful when the therapist disclosed their own feelings in relation to the client's

expression of anger, and taught them that anger was possible in the context of relationship and need not mean either abandonment or imminent physical danger (Dalenberg, 2004). Dalenberg (2000) labelled the concept "anger in connection, which is the ability to tolerate anger within a relationship without either threatening termination or feeling intolerable anxiety or, more specifically, the ability to recognise that anger and relationship can co-occur" (p.444). As discussed previously, this suggests that there is a common 'entering into' the anger experience by both client and therapist that should occur in order for the client to gain insight into the experience of anger.

However, most participants were not able to disclose their own feelings in response to client anger and appeared unable to remain emotionally vulnerable with their clients to help develop a healing relationship. David was the only participant who could be seen to be referring to Dalenberg's concept of "anger in connection" (p. 444). He expressed that embodied responsiveness to his client's anger and communicating his own feelings in response to his client's anger are valuable to the therapeutic work. He described how this was an important way to help the client communicate feelings, as well as gain the capacity to survive emotional pain. Such an approach is a way to underline that the dyad is not a pairing of one aware individual and one flawed soul but rather is an organised method in which the patient can use the valuable external perspective of another to gain information about alternative perspectives (Hayes, Strosahl, & Wilson, 1999). As Orange (2010) suggests, there appeared to be a "mutual vulnerability" (p. 227) as David described "*crossing that bridge"* with his client in an attempt to elicit an expression of his client's self-awareness and agency within the therapeutic relationship.

The overall lack of discussion by participants around disclosing their own feelings in response to their clients' anger seems concerning. As seen in Dalenberg's (2004) study clients clearly placed importance on the more relational aspects of therapy, and Kannan

et al. (2011) found in resolved cases of anger therapists encouraged their clients to understand their anger, related emotions, and the implications of these for their personal relationships. Gitterman (2004) suggests giving the patient an emotionally honest response, in the moment, is essentially therapeutic, provided that the analyst expresses themselves clearly and responsibly the majority of the time. She argues this is at the heart of accepting enactment as inevitable and potentially useful. Thus, the challenge for those who embrace a two-person psychology is to examine, understand, and integrate these neglected aspects of the therapeutic relationship, such as self-disclosure and enactment (Gitterman, 2004).

Additionally, as Benjamin (1990) argues it is the experience of having an impact on the other that can contribute to a sense of agency for the client. As discussed, whilst the therapist sharing the impact the client has on them can result in a powerful therapeutic outcome it can also be negating (Benjamin, 1990). For more fragile clients (as in offender populations), to see the 'self' reflected in the other requires losing aspects of the 'self', which could be experienced as highly threatening, particularly when they have experienced relationships characterised by breakdown (where only one person can be subject) in the past. Hinshelwood (1994) argues there are limits to containment, some patients may not be interested in, or simply unable to make use of meaning, a dynamic that can be reinforced by the enforced helplessness associated with the realities of institutional confinement. Additionally, anger is particularly associated with the insecurely attached individual (Klohnen & John, 1998), who may fall into demand–withdraw reactions (Henry & Holmes, 1998) in response to any mild sign of relationship disturbance, making it difficult for therapists to emotionally deal with, and disclose, to clients who may be continually fearful, distrustful and rejecting of closeness. Thus, drawing on Benjamin's (1990) theory of recognition here helps to

develop an understanding towards participants' unease around self-disclosing within the therapy when working in a setting where client fragility is often very high.

In summary, Meek and Ware (1996) argue that in order to function in any of the 'helping' professions, it is necessary for workers to position themselves so they can be emotionally available to their clients. They outline emotional availability as having the capacity to put oneself in the client's shoes, to feel something of what the client is experiencing without losing oneself in the situation (Meek & Ware, 1996). The therapist must keep a distance that maintains respect, communicating availability but not intrusiveness. Thus, this research highlights the very real struggle that participants face when working with such a client group in attempting to balance their emotional responses within the therapy.

The experience of being in 'control' for participants seems to be an essential aspect of adequately coping in such an environment, and fears of being out of control appear to prevent participants from working constructively with their own, or client, feelings that may potentially arise within the therapy. These struggles were further complicated by contextual factors, where participants felt the need to adopt a certain role to meet the expectations of the governing body, at times having to negotiate a compromise with their own counselling psychology practice guidelines and philosophies. The next section discusses the implications of the findings for counselling psychology practice.

5.3 Implications for counselling psychology practice

This research posed a question about how counselling psychologists experience client anger in prison settings. This was with the aim of exploring what these counselling

psychologists' experiences and responses tell us about therapy with client anger in such a context. Strawbridge and Woolfe (2010) identify three main areas which distinguish counselling psychology and these are: a growing awareness of the role of the therapeutic or helping relationships; a questioning stance towards the medical model of professional-client relationship and a move towards a more humanistic base; and an interest in promoting well-being, rather than focusing solely on sickness and pathology (p. 4). Bearing this in mind the following study offers a number of clinical implications for counselling psychology practice, however it is acknowledged that another researcher may have made different interpretations and thus such implications are offered tentatively.

5.3.1 Supervision and self-care

The current study indicates that working with client anger in prisons can produce similar responses in therapists to those when working with trauma. Participants seemed to struggle with balancing the needs of the client and their own needs, in order to prevent becoming completely burnt out. Considering these similarities it may be helpful for therapists working with client anger in prison settings to have supervision that is grounded in a clear understanding of the transference-countertransference dynamics common to trauma work. It seems a necessity to provide a similar level of support to that in trauma work, allowing space for therapists to express, process, and normalise strong responses when working with client anger.

Additionally, organisational acknowledgment and validation of the impact of countertransference and vicarious traumatisation seems important, and specific training

on how to recognise and manage symptoms of vicarious trauma within the context of a prison environment may also be helpful. Further, it seems training should include teaching both specific skills for working with client anger, and perhaps more generally, skills on working with other difficult emotions such as dread, horror, fear and helplessness with a large focus on therapist countertransference responses.

The need for support is reiterated by Pearlman and MacIan (1995) who found measures of vicarious trauma to be significantly influenced by whether people had a venue in which to address the personal impact of their work. More generally, support systems have been found to be essential for many mental health professionals in combating burnout and psychological distress associated with the provision of psychotherapy (Farber & Heifetz, 1982; Saavicki & Cooley 1987). This has particular relevance for professionals working with offenders, where the social stigma around their client population may in itself produce a sense of alienation and influence the therapists' ability to access additional support (Alford, Grey & Atkisson, 1988; Ryan & Lane, 1991).

Researchers who investigated mitigating influences of psychological distress and burnout for those working with offenders, found strong collegial relationships and perceived social support to be instrumental in assisting these professionals to cope with the demands of their work and offset the isolation resulting from the stigma of working with offenders (Ellerby, 1998; Ennis & Horne, 2003). At an individual level, seeking out these connections may be essential in coping with the stressors associated with offender work, especially for those providing treatment in isolation. This may be particularly relevant for counselling psychologists working in prison settings as they are often found to work in isolation, separated out from larger forensic psychology departments or psychiatry led In Reach teams.

There was also a lack of discussion around self-care by participants in their work, which again seems concerning considering their strong responses to their clients' anger. Personal psychotherapy in which the therapist can explore his or her responses evoked by the work can be invaluable and although this is a requirement for counselling psychologists throughout training it is no longer required post-training. It may be advisable that prison organisations set up a reduced fee work scheme for therapists to access personal psychotherapy. This could be seen as particularly relevant for counselling psychologists, as Shillito-Clarke (2010) highlights, a hallmark of counselling psychology is the reflexivity of theory and practice and the consequent need for training in personal awareness. Finally, participants described a real embodied effect when listening to their client's anger suggesting similarly to trauma work there can be a real assault on the body. Thus, finding ways to reconnect with their bodies and engaging their senses during work may be helpful such as staff lunchtime aerobic exercise classes or yoga/stretching.

In summary, considering the need for supervision/support in such work, it seems concerning that avenues of support were not discussed by the participants as a way of maintaining their well-being or as improving their clinical practice. It is well documented that there are challenges to engaging in clinical supervision in forensic settings (Mothersole, 2000). Reflecting on practice can be challenging, both in terms of resources and inclination, where defences against anxiety are commonplace (Menzies-Lyth, 1988) and where openly reflecting on practice can feel threatening (Walsh & Freshwater, 2009). Further in an environment, such as a prison, where constant crises can occur the line manager can easily become preoccupied with risk policies not allowing the supervisee the time or space to examine their emotional reactions. Where engaging in formal clinical supervision is a challenge, it may be a more informal

reflection on practice can take place during regular interactions between staff where peer support is a central focus. Thus, this research highlights the crucial need for future qualitative research specifically investigating the role of supervision for therapists when working with client anger in prison settings, as well as perhaps exploring therapists' views on accessing support, more generally, within such settings to inform clinical practice in this area.

5.3.2 Awareness of relational enactments

The current study also highlights the challenges participants face when dealing with complex relational dynamics such as 'enactments'. Participants seemed to lack confidence in their ability to work with client anger and struggled with how to therapeutically deal with such expressions, especially as it produced strong countertransference reactions, interfered with their expectations to be helpful and compassionate. At times, they became desensitised and used defensive practices in order to maintain their well-being.

These findings relating to challenging interpersonal dynamics have important clinical implications, as existing research on therapeutic ruptures (e.g., Safran, Muran, Samstag, & Stevens, 2002; Hill et al., 2003) notes that the repair process for withdrawal ruptures involved considerable collaborative exploration of the anger event on the part of the therapist and client, with the therapist non-defensively allowing the client to express negative feelings whilst recognising and validating the client's sense of agency. Additionally, Hill and Knox (2008) discuss that the process of building and resolving ruptures with offenders is likely to be most successful within a context of clinicians

being open and conveying respect and dignity for their clients in order to help them feel empowered, in what is already viewed as a disempowering environment.

Thus, in particular, attention in training and supervision should be given to the awareness of the countertransference issues that can occur with such a client group to help facilitate therapists' empathy and promote a deeper appreciation of the healing process. By broadening the definition of countertransference to include realistic reactions of the therapist to the personality of the patient, supervision could offer a broader framework and repertoire of techniques for aiding supervisees in the exploration of countertransference. Thus, the supervisory focus can be on countertransference exploration as both a potential impediment to treatment, as well as a powerful tool for furthering the therapeutic work.

5.3.3 Acknowledging power dynamics and ethical dilemmas

This study also highlights the challenges that such a context brings to therapeutic work (e.g., risk and confidentiality; power struggles), and attention should be given to the organisational dynamics which may interfere with therapy. For example this research indicates that self-involving disclosure by the therapist becomes very complex when working with client anger in a prison environment. Participants were hesitant and at times fearful of disclosing information to their clients which brought up ethical issues around their role and identity as counselling psychologists. They grappled with their moral positions as therapists, as they were faced with the tension of aligning with the system’s policies and procedures which placed them in a position of power and was at

the expense of some of the more inherent ethics and values related to counselling psychology.

This research highlights the need for recognising and giving more attention to such issues around power and ethical dilemmas within training, supervision and personal development of counselling psychologists working in prison settings. For example, training could include discussion regarding the ethical issues that could arise within prison settings as described by participants in this current study. This would allow trainees the opportunity to think through and develop their ethical responsibilities as counselling psychologists more thoroughly when placed in challenging settings such as prisons. By learning how to acknowledge these power dynamics and therapeutic limits within these settings, therapists may be more able to promote their client's sense of agency.

Further, due to the specific countertransference reactions between the therapist and the client, institutional and societal factors which Hill (1995) terms as "triadic countertransference" (p.110), it seems important to explore what Walsh and Nolan (2010) outline as the "intersubjective web" (p. 163). This can be seen to envelop all interactions within a prison setting where care and custody are competing priorities. An understanding of the complex web of interactions in these relationships will hopefully enable prison therapists to manage and work with the dissonance they face between custody and care, as well as help them understand and improve relationships with other prison colleagues (Walsh & Nolan, 2010). Further, being aware of the way in which this 'intersubjective web' impacts on thoughts and feelings is crucial in addressing practice and identifying support required by the therapist.

Training could be provided on the impact of 'managed care' within prison environments, for example how the ability to therapeutically facilitate certain emotional expression (particularly anger) may be impaired. Therapists who have an understanding of the contextualised experience of prisons and how this may impact on the lives of their clients might be better placed to help clients work through their anger. This may enable therapists to adopt approaches that best fit a client's particular circumstances and experiences surrounding their anger, rather than feeling overwhelmed by it. This would adhere to a counselling psychology framework which maintains flexibility through its commitment to fitting the therapy to the individual's needs and moves towards a contextualist understanding and practice. This can also be seen to align with counselling psychology's aim of striking a science-practitioner balance.

Finally, organisational strategies promoting regular staff meetings, offender-specific supervision, educational opportunities and consultation among different professionals (e.g., forensic/counselling psychologists) may also assist counselling psychologists with the demands of working in such an environment. Additionally, workplaces can offer case conferences, group case consultations and peer process groups whose central goal is to provide a safe and respectful forum in which therapists can process their experiences. However, with resources and funding often very scarce in these settings (Birmingham, 2001), the danger is that such suggestions become more of an ideal rather than reality.

5.4 Methodological considerations and reflexivity

In this section I will critically review methodological issues in the research, drawing on Yardley's (2000) guidelines as discussed in the methodology section. The methodology for this study was selected for its appropriateness to the research aims, in providing a rich, complex and valuable insight into the subjective experiences of counselling psychologists working with client anger in prison settings. It should be reiterated that given the idiographic nature of IPA, these findings are reflective of the perspectives of a specific group of people in a specific context and are not generalisable to the experiences of all counselling psychologists working in this field.

Firstly, in terms of purposeful sampling to increase homogeneity I was careful to ensure that participants shared a specific lived experience by including only participants that were qualified counselling psychologists and had recent experience of working in a prison setting. Yet despite this, their experiences vary in some ways and it is only possible to speculate as to these differences rather than give conclusive answers. There are several factors which could be considered to have influenced the diversity in these accounts. Firstly all participants, except Nina, identified themselves as coming from white middle class backgrounds, whereas Nina identified herself as coming from an Afro-Caribbean working class background. Thus it is acknowledged that cultural and class differences, potentially around emotional expression, may have had an influence.

Another consideration is that participants came from a variety of prisons (male/female/remand/non-remand) in several areas over the UK. This could explain some of the diversity in the accounts, as Birmingham (2001) suggests that conditions vary enormously from establishment to establishment. For example, remand prisons have a higher turnover of prisoners and tend to house clients with more chaotic

presentations as they may be awaiting court trials and face uncertainty about the future (Singelton et al., 1998). Further, the Chief Inspector of Prisons has made the observation that life in remand establishments is dominated by the need to find space for prisoners rather than doing anything constructive with, and for, them (Her Majesty's Inspectorate of Prisons, 2000a). As a result, it is not uncommon for prisoners to have to idle away more than 20 hours and sometimes as much as 23 hours a day, locked in their cells. Birmingham (2001) discusses that the level of confinement and isolation experienced by some prisoners is, in itself, detrimental to their mental health. Thus, it may be that higher levels of anger exist within these remand establishments as opposed to prisons which may have more settled regimes. Further, Heidi was the only participant working in a category D 'open' prison which may explain her more direct and open attitude with her clients. It could be postulated that she felt safer in her work than other participants who were all in category B 'closed' prisons.

In regards to gender, female participants working in male prisons (Sarah, Nina, Grace, Tracy) may have felt threatened due to the gender imbalance, despite the client expressing anger or not. Male participants working in male prisons (Simon, David) may have felt a stronger urge to deny their difficult feelings or identify with frustration/anger themselves. This may be due to the stigma around expressing emotions, other than anger, that can often exist in male prison settings (Meek, 2011). Female participants working in female prisons (Heidi, Joan) may have felt more comfortable and so were able to come across more direct in their communications with clients (Heidi) and have space to be more reflective in their practice (Joan). For example, Joan's speech was full of metaphors, and this could be argued as indicative of the depth at which Joan is able to think about herself, her experience and her work.

Additionally, the duration that participants had been qualified and had been working in prison settings varied. Joan and Heidi had the most experience of working in prisons which potentially raises a question about whether there is a link between this experience and Heidi's tendency to align more readily with the prison system and Joan's more relaxed and accepting view of working in prisons. I considered restricting the sample to participants with five years post experience as Skovholt and Ronnestad (1992) suggest five years post qualification experience as a significant cut off point between two periods of therapist development, moving from a reduction in the rigidity of the therapist's approach to an increase in authenticity. However due to the limited number of counselling psychologists working within the prison service unfortunately this was not possible.

Participants' training and orientation may also play a part, although it was accepted when choosing the sample that on a whole counselling psychologists value intersubjective and subjective factors which gives them a common ground. Nevertheless, David's account stands out among other participants as he twice offers divergent opinions on a theme and seems to foreground a more intersubjective approach to working with anger and conveys a greater resistance to the prison system. This could be explained by his integrative training but perhaps also by his previous experience of working with perpetrators of domestic violence in a charity prior to his work within a prison. It may be that David developed an ability to relate to the 'individual' rather than focusing solely on a person's crime. Simon describes '*always'* using CBT and conveys a more closed rigid approach which may be explained by his previous career as a fireman, where he was required to follow rules and protocol without question. These are just some of the possible explanations for the divergent experiences in this study but, as suggested above, they are speculative rather than conclusive.

Therefore, it could be argued that the inclusion criteria were too broad. For example, basing the study in only one prison may have reduced the variation in results. However, there are few prisons that have more than one or two counselling psychologists working within them so this was not possible. It could also be argued that the differing and contrasting experiences in the different prison contexts added richness to the data which may have been missed if limited to only one prison. Taking this into consideration would potentially offer a more homogenous participant group, however, Smith et al. (2009) note that homogeneity should be in accordance with the amount of "variation that can be contained within an analysis" (p. 49). In the current study, it can be argued that participants' shared experiences regarding working with client anger in prison settings demonstrates that any diversity between participants was not problematic. Additionally as discussed in depth above, remaining sensitive to the participants' specific contexts allowed further containment of this.

From an intersubjective perspective interviews are understood to be an interaction between researcher and participant with both co-constructing the process and influencing emerging discussion. Finlay (2009a) summarises this process, "what is revealed emerges out of a constantly evolving, negotiated, dynamic, co-created relational process to which both researcher and participant co-researcher contribute" (p. 2). It thus seems valuable to provide reflections on the interview process here. My own training as a counselling psychologist allowed me to develop empathy within the interviews enabling me to relate and understand participants' experiences with a certain depth. Further, my own clinical experience of working with anger in a prison setting allowed me to express empathy toward the struggles they were expressing in their own accounts. This could be seen as a positive in some respects as it allowed participants to remain open and responsive within the interviews. However at the same time potential

ethical issues were highlighted around this as using counselling skills to encourage participants may have resulted in them revealing more than they felt comfortable with. Balancing this dilemma was challenging and I attempted to rectify this issue by refraining from disclosing personal experiences around working with client anger in too much detail. However at the same time I remained curious as to how my responses may have influenced what emerged within the interviews.

Further, as I was interviewing counselling psychologists and fellow prison employees, there was a level of understanding and familiarity that may have influenced me to make assumptions about what the participants were saying based on my own clinical experience. This was seen when I began to add ideas or suggestions to participants about their experiences, for example on risk procedures or the environment of a prison, and I had to remain aware of these assumptions throughout to limit the potential impact of them on participants' accounts. One significant difference between participants and me was my status as a trainee, and I was aware that this might impact participants' responses towards me. For example, several participants adopted, at times, an educative role towards me within the interview, choosing to 'teach' about anger as opposed to sharing their more personal experiences with anger. In these interviews I became very aware that I was the 'trainee' who, perhaps, knew or was expected to know less about anger. This was challenging for me, as I had to accept what they wanted to share within their accounts. However, at the same time I felt the urge to delve deeper into their personal experiences with anger and needed to do so without imposing my assumptions upon them.

Finally, as reflected upon in the methodology chapter I was aware of how the negative feelings I held about anger could potentially influence me to ask and focus on certain

issues of anger over others within the interview. My assumptions about the types of clients therapists could have been facing in prison settings may have potentially blinded me to exploring anger as restorative or having therapeutic value. Despite addressing this by adapting the interview schedule accordingly to include a question around positive experiences of anger, it seemed when participants were asked about such experiences it was more difficult for them to answer, with some participants seeming unconsciously to revert to discussing previous negative experiences with clients.

A consequence of this is that there is far less focus given to the positive moments of working with client anger in therapy. I acknowledge that I may have focused on the challenging aspects more as these seemed more important in some way, perhaps due to the serious consequences that can result when working with client anger in such a challenging setting. Letting participants know at the start of the research that the focus of the study was on both positive and negative experiences of anger may have helped achieve more of a balance. However, I felt participants were given an opportunity to express both aspects within the interview yet most chose to focus upon the negative aspects of working with client anger. Finally, there may also have been some bias regarding therapists who volunteered to participate in the study in that therapists who struggled working with client anger participated because they wanted to learn more about themselves in relation to this (as reflected on by Nina).

5.5 Limitations and suggestions for future research

It could be argued that the small sample was a limitation, although in line with my epistemological position it can be seen as appropriate. My aim was not to discover an

objective truth, but rather to engage with the data from an intersubjective stance, and throughout I have acknowledged my interpretative influence upon this. Furthermore, therapists were from a range of theoretical orientations and worked in a variety of prison settings which may have resulted in greater variability of responses than would a more homogeneous sample. As discussed in depth in the methodological considerations/reflexivity section this was not considered to present major issues within this study.

In addition, although I asked about positive experiences of working with client anger, I did not specifically ask about different types of anger such as appropriately expressed anger. However, participants did not voluntarily describe these types of anger events when asked open-ended questions about their general experiences with client anger, potentially suggesting that they deal more with inappropriately expressed anger. Future research into different types of anger expression, specifically in relation to particular offences or client contexts (e.g., those with schizophrenia or substance abuse problems), could potentially add richness and value in understanding potential links between countertransference responses to anger and to trauma which were highlighted in the current study. Additionally, future research focusing either specifically on male clients, or specifically on female clients, would potentially allow for deeper exploration around gender issues when working with client anger in prison settings.

It may be that investigations involving therapists who have chosen not to continue treating offenders may offer untapped information on the potential impact of working with offenders more generally. In future research on anger the use of therapists providing therapy to general populations as comparison groups would also prove valuable. This would potentially help to understand more fully the effect of working

with client issues with offenders to determine the necessity of unique preventative or remedial strategies in such work. There is presently a paucity of research that focuses exclusively on what therapists working in prison settings find rewarding and meaningful about providing therapy. Thus, a more balanced approach to investigating the detrimental and beneficial aspects of providing therapy to such a client group may be enlightening.

A final limitation could be that the interviews were only conducted with therapists and not with clients as well. As outlined in the literature, this research adopts an intersubjective view of therapy which highlights that interactions cannot be reduced to the individual consciousness of either party. Thus, it could be argued that the findings cannot be generalised to clients' perceptions and therefore this does not represent a complete or equal view of the therapeutic work. Unfortunately for logistical and ethical reasons it was not possible to interview both clients and therapists for this research.

5.6 Conclusions

This study has provided new insights into counselling psychologists' experiences of working with client anger in prison settings. The existing literature highlights the complexity of working therapeutically with client anger in prisons as well the limitations of current anger management approaches adopted within these settings. For example the majority of studies in the area are quantitative influenced by a positivist position whereby research focuses on finding objective 'facts' rather than exploring subjective experiences. As Howells (2004) outlined therapeutic programmes for anger cannot be divorced from the social climate, culture and beliefs that prevail in places like prisons, and Roffman (2004) suggests that 'anger management', as a way of organising

and managing anger, can unwittingly replicate a problematic way of thinking about the human organism and human experience. Thus, this research argued for the need for treatment of client anger within prison settings to adopt an intersubjective approach taking into account the multiple contextual factors (including therapists' subjectivity) that can influence engagement and the development of a therapeutic relationship. Therefore the use of IPA has facilitated the development of a rich account of the subjective experiences of counselling psychologist working with client anger in these settings which would otherwise have been missed with the focus of quantitative research in this field.

The findings of this research highlights the pressure placed on therapists working with such a client group in terms of struggling with difficult emotions in response to client anger and being at risk of complete burnout. Additionally, it outlines the considerable demands posed by enactments, with the defences participants erect to protect themselves, at times, unhelpful and counter-therapeutic. Participants' inability to be recognisable to their clients and their resultant lack of agency within therapy appeared to relate with their clients' early traumatic experiences. In consequence such enactments had a damaging impact on the therapeutic relationship and clients were seen to drop out of the therapy prematurely.

Additionally, contextual influences from the prison system appeared to have a significant bearing on the way in which therapists approached their therapeutic work with client anger, raising ethical dilemmas for their counselling practice. Thus, the need for training and support which adopts a more contextualised approach has been highlighted for counselling psychologists working with client anger in prison settings to avoid burnout, assist them with enactments in the therapeutic relationship, and with working through challenging ethical dilemmas. Finally, given that more counselling

psychologists appear to be working in prison settings and are being faced with such challenges, the current study could be considered highly relevant to inform them of both theory and practice.

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APPENDIX 1: ETHICAL APPROVAL DOCUMENTATION

Wed 7th July, 2010

Ethics Applications – Tite, Louise
From: "L.Rochard@roehampton.ac.uk" <L.Rochard@roehampton.ac.uk>
To: louise182@hotmail.com; louise182@hotmail.com
Cc: L.Slade@roehampton.ac.uk; Jan.Harrison@roehampton.ac.uk; Harbrinder.Dhillon-Stevens@roehampton.ac.uk

Dear Louise,

Ethics Application (research student)
Applicant: Louise Tite
Title: Exploring Counselling Psychologists' experiences with clients who present with anger issues in a prison setting
School: Human and Life Sciences

I am pleased to confirm that the above application has been approved by Chairs action on behalf of the Ethics Board. We do not require anything further in relation to this application.

Many thanks,

Lemady

Lemady Rochard
Research Policy Officer
Research and Business Development Office
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Louise Tite

HMP Wandsworth

24 June 2013

Your ref: MF/SW

Research Title: Exploring Counselling Psychologists' experiences with clients who present with anger issues in a prison setting

Reference No: 28/10

Establishments: HMP Whatton, HMP Wandsworth, HMP Wormwood Scrubs and HMP Eastwood Park

Dear Miss Tite,

Further to your application to undertake research in HM Prison Service and our letter dated 19th April 10. The NRC is pleased to grant approval in principle for your research, subject to compliance with the conditions outlined below:

- Approval from the Governor of each Establishment you wish to research in.
  Please note that NRC approval does not guarantee access to Establishments, access is at the discretion of the Governor and subject to local operational factors and pressures

- Compliance with all security requirements.
- Compliance with the requirements of the Data Protection Act 1998.
- Informing and updating the NRC promptly of any changes made to the planned methodology.
- It being made clear to participants verbally and in writing that they may withdraw from the research at any point and that this will not have adverse impact on them.
- The NRC receiving an electronic copy of any research report submitted as a result of the research with an attached executive summary of the product of the research.
- The NRC receiving an electronic copy of any papers submitted for publication based on this research at the time of submission and at least one month in advance of the publication.
- Researchers are under a duty to disclose certain information to the Prison Service. This includes behaviour that is against prison rules and can be adjudicated against (see

Section 51 of the Prison Rules 1999), illegal acts, and behaviour that is harmful to the research participant (e.g. intention to self-harm or complete suicide). Researchers should make research participants aware of this requirement.

- HMP staff - Official permission is required from HR Policy and Reward Group in Headquarters before any member of staff, serving or retired, may publish any material relating to the work of the Prison Service, the NOMS Agency, the Ministry of Justice or other Government departments. Permission should be sought from Colin Harnett, Deputy Director, HR Policy. Colin can be contacted at colin.harnett@noms.gsi.gov.uk or on 020 7217 6453. The rules are set out in Chapter 19 (Conduct) of the HMPS Staff Handbook.

Once the research is completed, and received by the NRC Co-ordinator, it will be lodged at the Prison Service College Library.

Yours sincerely

Dr Susan Wishart

Chair of the NRC

Business Change Group

APPENDIX 2: PARTICIPANT INFORMATION FORM

Roehampton University London

PARTICIPANT INFORMATION FORM

Research Title: Exploring Counselling Psychologists' experiences with clients who present with anger issues in a prison setting

You are being invited to take part in a research study conducted by a Trainee Counselling

Psychologist as part of a doctorate in Counselling Psychology, which will explore how therapists experience and work with clients who present with anger issues in a prison setting.

What can you gain from your participation?

As a reflective practitioner, you may find this experience interesting and enlightening as you consider how you understand, experience and talk about anger within your clinical work setting. It is hoped that this research will help increase awareness of important issues about anger in the work we do as counselling psychologists within prisons.

How will the data be gathered?

A maximum of 8-10 counselling psychologists will be asked to conduct an interview with myself the researcher to explore the question presented. You will be asked between 4-11 questions around your experiences of working with a client/s who have presented with anger issues in a prison setting. Your experiences may be thoughts, feelings, responses, interpretations, and understandings of the event/s as remembered and re-experienced in the present. You will not be asked for your name or the name of your training establishment or workplace and your interview will be anonymised so that it cannot be directly linked to yourself. The anonymised data from the interviews will be used in doctoral research. Your signed consent will be required for the researcher to use this data, all or part of which might be shown to their supervisor and others responsible for examining the work. However, any forms you sign will only be seen by the researcher and not passed on to others.

How will confidentiality be maintained?

The interview transcripts and any forms you sign will be stored in separate secure locations. If the research is published the anonymised transcripts and data will be kept for six years and then destroyed. A copy of the doctorate will also be placed in the Learning & Resource Centre at Roehampton University and will therefore be viewable by students, researchers, teaching staff and examiners.

What are the limits of the confidentiality agreement?

It is important to be aware that although all attempts will be made to maintain confidentiality, it might need to be mitigated if you disclose a danger of harm coming to yourself or others, or if you reveal details of practice, which might be considered ethically questionable, according to the BPS Code of Conduct & Ethics (2006).

Essential information to consider before participating

Your participation is voluntary and you have the right to withdraw from completing the interview at any time. You will not be obliged to continue with the interview if you feel uncomfortable for any reason. Participating in this research could lead you to reflect on past experiences, which may be upsetting or painful, and could lead to re-evaluation of your current situation. If you are concerned that you may be affected in this way it is advised that you do not take part in this study.

How will you be debriefed?

Along with the questionnaires, you will be provided with a list of sources of help and support, which you can call upon if you experience distress as a result of the taking part in this research study.

Who is carrying out this research study?

Trainee counselling psychologist Louise Tite is carrying out this study. It has been reviewed by, and has received clearance from, the sub-committee of school ethics committee at Roehampton University.

The supervisor of this study is Jean O'Callaghan, who can be contacted on 020 8392 3624 or at j.ocallaghan@roehampton.ac.uk. Please feel free to contact her if you have any concerns regarding the content of this research study, or the way it has been conducted. Thank you for taking the time to read this information form.

APPENDIX 3: PARTICIPANTCONSENT FORM

INFORMED CONSENT FORM

Research Title:

Exploring Counselling Psychologists' experiences with clients who present with anger issues in a prison setting

- I confirm that I have read and understood the Participant Information Form for this research study and have had the opportunity to ask questions.
- I understand that I will partake in an interview.
- I understand that the interview transcripts and data will be anonymised by the removal of all identifying information and that the anonymised data will be used in doctoral research and potentially in future publications.
- I understand that the anonymised transcripts and data will be kept for up to six years and will then be destroyed. A copy of the research will be kept in the Roehampton University library as well as the prison service library.
- I understand that my confidentiality will be maintained wherever possible but that it might need to be mitigated if I disclose a danger of harm coming to myself or others, or if I reveal details of practice which might be considered ethically questionable, according to the BPS Code of Conduct & Ethics (2006). Also if I display behaviour that is against prison rules (see Section 51 of the Prison Rules, 1999) (e.g., illegal acts, security risk to prison)
- I understand that my participation is entirely voluntary and that I am free to withdraw from the interview at any time, without giving a reason.
- I understand that the study advises that I only conduct the interview if I feel comfortable. I am also aware that participating in this research could lead me to reflect on past experiences, which may be upsetting or painful, and could lead to re-evaluation of my current situation.
- I understand that I will be provided with a list of sources of help and support, which I can call upon should I experience distress as a result of the taking part in this research study.
- I agree to take part in this research study.

Name of Participant	**Date**	**Signature**
Louise Tite		
Name of Researcher	**Date**	**Signature**

Researcher:

Louise Tite

Trainee Counselling Psychologist

(2nd Year PsychD in Counselling Psychology student)

School of Human & Life Sciences

Roehampton University

Whitelands College

Holybourne Avenue

London SW15 4JD

Louise182@hotmail.com

APPENDIX 4: PARTICIPANT DEBRIEF FORM

Roehampton University London

PARTICIPANT DEBRIEFING FORM

Thank you for your valuable contribution to this study.

Project Title: Exploring Counselling Psychologists' experiences with clients who present with anger issues in a prison setting

Researcher: Louise Tite, BA, Gdip. Trainee Counselling Psychologist

Participant ID number:

This research aimed to explore the actual experience of counselling psychologists when working with client anger. Having participated in this study, your contribution will provide psychologists with an insight into the experience of working with this issue. The process of analysis will identify themes in the data collected from all participants through the use of Interpretive Phenomenological Analysis.

If you would like to be informed about the outcome of this research, which is due for completion in August 2011, then please let the researcher know so that a Summary Report can be prepared for you. For later requests contact the researcher directly at **Louise.tite@hmps.gsi.gov.uk or on 07876341267.** If you have any queries regarding this study please feel free to contact, Louise Tite on the above details, or if you feel the researcher cannot assist, you are welcome to contact:

Director of Studies Contact Details:

Name Dr Harbrinder Dhillon-Stevens

School: School of Human and Life Sciences, Roehampton University,

Address: Whitelands College, Holybourne Av, London, SW15 4JD

Tel: 020 8392 3618 Email: **Harbrinder.dhillon-stevens@roehampton.ac.uk**

Dean of School Contact Details:

Name Michael Barham

School: School of Human and Life Sciences, Roehampton University,

Address: Whitelands College, Holybourne Ave, London, SW15 4JD

Tel: 020 8392 3617 Email: **M.Barham@roehampton.ac.uk**

Should you feel the need; further support can be sought from your supervisor and HM Prison Staff care team located within each prison and numbers of therapists can be obtained through the researcher if required. Confidential support is also offered through Samaritans 08457 90909

APPENDIX 5: INTERVIEW SCHEDULE

Interview Schedule: Exploring therapists' experiences with clients who present with anger issues in a prison setting

1. **Can you tell me about your work within a prison setting and what drew you to working in such a setting?**

2. **Can you tell me about a specific situation where you experienced a client expressing anger within your clinical work in a prison setting?**
   Possible prompts: What happened?

3. **How did you feel you responded to your client's expression of anger?**
   Possible prompts: What emotions/behaviours/thoughts were evoked for you? How did you manage the situation? Did you feel you used any strategies/techniques/approaches to cope with their anger?

4. **In what way did you feel your responses mentioned above impacted on the session, and the therapy overall?**
   Possible Prompts: on you/on the client/on the therapeutic relationship/on the atmosphere?

5. **How would you describe the therapeutic relationship with this client changing over time?** (prompt-did they drop out of therapy, closer bond)

6. **What do you feel may have been the possible causes for the anger expressed specifically by this client?**
   Possible prompts: What triggered the anger?

7. **Can you think of any other causes for the expression of anger by clients within your clinical work in a prison setting?**
   Possible prompts: Specific situations? Environment? Therapist characteristics?

8. **Can you describe any specific situations in your clinical work, where these causes (mentioned in question 5) contributed to the expression of a client's anger?**
   Possible prompts: describe new situation looking at potential other causes of anger you may be aware of? (link back into question 2 and 3 if needed)

9. **What do you think was your most positive experience in working with clients who expressed anger and how do you make sense of this?**

10. **What do you think was your most negative experience in working with clients who expressed anger and how do you account for this?**

11. **Are there any other observations or comments you'd like to make in relation to the research theme that have not been covered in the course of the interview?**

APPENDIX 6: AUDIT TRAIL - TRANSCRIPT

Interview 3 with initial notes and emergent themes

Initial Notes	Transcript:	Emergent Themes
	Ok first of all to start I was just wondering if you could tell me a bit about your work within a prison setting and what drew you to working in such setting as a counselling psychologist?	
Sense of familiarity/ experience with severe mental illness.	Ok well I have worked within (name of establishment) for about, I think it's in total 13 months. The reason I came to (name of establishment) is that I've previously worked within the NHS and working with people with enduring mental health problems like schizophrenia and so forth and when I joined the prison service I thought eventually I will carry on working I will start working with prisoners but I'll try and do a wider selection because I've always worked with adults, and I wanted to work with maybe younger people and pay particular attention to women because I thought that if you get to the women they can learn to parent differently and then you stop kind of the cycle of offending or bad parenting or just children not having a good experience of being parented and then themselves getting into crime or getting into abusive relationships. So I said yeah I think to start somewhere with women prisoners maybe that will make a difference. Then I got to (name of establishment) because I needed to get my	Prisons and severe mental illness
Feeling a need to make a difference/ break cycle of offending Identifying with healer role		Identity as counselling psychologist

clinical skills back up to scratch and I thought I'd do my little bit of clinical experience there one day a week and see where I go from there.

So that was kind of a lead on to start there and.....

Yeah...or move onto another establishment perhaps, or really move into the community working with ex-offenders because it was more, I felt it would be more normal in the in the community because in a prison it's more of a restricted environment and clients are not totally themselves. When they're outside and they're (inaudible) and all of the other kind of stimuli is there then they need to learn in the real world how to control all of their vices and their anger and all of their resentment and so forth, and addiction to drugs and so forth but yeah I'll move onto the community eventually I'll follow them through**.**

That's interesting as you said you feel that in a prison setting that they're not themselves and you mentioned things like anger, how would you view that they're different in terms of working with them in that setting?

I, I think in the prison people are away from other commitments, other pressures that may cause them to embark on kind of a, I don't know behaviour, negative behaviours. Ok so when they're outside they're more likely to feel the pressure of not getting a job, being bored, bad relationships, and then they do things they react in a negative way. But

Prisons restricted environments-effects on clients

Sense of feeling trapped as still not moved on?

Prison as a container for client

Effects of prison routine on client anger

System as a container for clients

when you're in prison it's more of a controlled environment you don't have to worry about, really have to worry about your food, and because I was in a male prison most of the partners and wives of male prisoners were looking after the children. So they didn't have that extra burden of 'how are my children getting on', they would miss their children and they'll think "ah my child you know I need to get to an open prison where I can see my daughter or see my son a little bit more, see the family a little bit more". But it wasn't a terrible pressure not like when you're in the community and you have to think about what am I doing here I have to take them to school I have to find some more money, I have to pay the rent, so it's a controlled environment in a lot of ways it is prison. Um you're still angry with what's going to happen with the outcome of your case but it's, it's more, it's shrunk I think the community has shrunk, your world has shrunk.

Mmmmm I'm wondering if the controlled environment in itself can bring anger for clients?

Uh I think the environment brings anger because people have to live in the cell and they have no control who comes into their cell, who they're partnered up with, so that might bring resentment suddenly the doors shut and they're closed in there in a very small proximity with an individual they may not like, then they get angry with individual. I think some people get angry because they're not at liberty to kind of choose, they

Lack of empathy for prisoners- suggesting prison life easy for men?

Anger shrunk/easier to deal with in prison

Conflicting views both helpful yet adds to anger- clients lack control

Reasons for anger in prison

Being in prison relieves anger

System breeds anger

Anger at lack of respect	get angry with the way, I had particular client and he got very angry with the way he was treated by prison officers. Not so much that he felt he was abused but he felt that their verbal response to him was not respectful you know, or they would rush him or hurry him along and that would anger him. It was more an example of them viewing him as a lower being to them. And if he said, you know he addressed it and said 'don't rush me or don't talk to me like that' then he felt that he couldn't talk to them, he couldn't reason with them on a equal footing and that made him very very very angry, very very angry.	Recalibrating empathy in different contexts of anger
High levels of anger but a sense that it can't be thought about openly or discussed equally in this environment		
Repetitive speech suggests intensity		
		Power and control
	How did you experience that anger, that he is "very, very, very angry", how did you experience that in the session with him as the therapist?	
'Part of me'-sense of splitting herself off	uh well.....part of me, it was hard because his anger would grow and grow about how he was treated, um I would start off by saying to him, understanding that you know yeah 'why did that prison officer speak to you in such a way or he could've allowed you to turn around and address the matter or explain why you're not moving fast or why you need to talk to him at this particular time' but the client would move into, what I called irrational anger (laughs) because then it would, it would come like it was just grow bigger and bigger, his anger about what he wanted to do about a small incident where he was disrespected would get big and say 'well that's why I need to	
Difficulty in staying with anger-starts off empathetic but then feels overwhelmed		Need for protection
		Risk versus therapeutic relationship

	get out of this place and as soon as I can I need to be really angry and aggressive and if I see any of these prison officers or policemen I'll just punch them' then you know so it was, so I would go with him to a certain extent then I'd have to stop and think you know what perhaps you could deal with this differently and not actually go into these extreme thoughts of what you should do when you encounter people. So it was hard towards the end because his anger got so big it was hard to stay with the rational bit, his rational reasoning and it was hard for me to control it, to actually do any work with him and in the end he felt that as well that he had to make, he literally had to make a decision about whether he carried on being angry or he actually used counselling to kind of look at situations that made him angry in a different way and then he went on to think 'well if I look at situations that make me angry and I become less angry then what?' and the 'then what' was to frightening for him, he said 'no I'll stay with anger and (name) I can't work with you anymore. (laughs) **Interesting so the anger was like an identity for him in a sense?** It was his total identity, and it was his survival, it was keeping him alive, because if he wasn't angry I don't think, I think something else would have stepped in. Maybe he wouldn't feel um, um well he wouldn't have enough energy to get on with his day, maybe that anger was actually keeping	
Refusal to go along with client anger- need to 'control it' due to risk/danger		
Rational versus irrational anger		
Strong levels of anger effecting ability to work therapeutically		
Inability to stay with anger herself but seems to place the blame back to client for not being able to handle it		Relationship breakdown
Client being unable to handle anger- dropped out of therapy		
Anger as identity/safety net and survival for clients		Understanding meanings around anger Difficulty processing anger and allowing client to feel other emotions

Anger linked to other emotions that are buried deeper
Anger blocking her understanding of these other emotions and seeing him as a 'whole' person

Unable to connect and get to 'true' reasons or feelings behind the anger

Anger linked to childhood trauma. Sense of her being lost in the moment as her speech disrupts and also lost with his anger

Repetitive 'too' emphasises how overwhelmed she felt and laughter suggests a sense of distancing herself from difficult feelings

Strength of feelings aroused in response to anger- helplessness

Sense of 'madness' as she tries to keep up with client's angry rants

something else at bay, something like, I don't know psychosis, deep deeper depression, pain that maybe I I wouldn't actually be able to understand because there was lots of anger around directed towards different people. Right at the bottom of his anger towards prison officers and the police because that was the main bit we were always talking about and the system, right at the bottom of that I think was the original anger, and we did touch it sometimes but that was well guarded. The original anger was to do with how he was treated as a child. Uh that was the.....so I think it was, your question was how, did I feel, how did I go with the client. I tried to go with what he was saying in the immediate (laughs) but he would often lose me because anger became too too too big.

So when you say 'lose me' how did that feel for you in the session, was it just a sense of having a grip on what was happening and then…what was the feeling?

I think I felt more helpless and sometimes I think I felt quite mad (laughs) because I thought, I use to feel like 'ah this too much where are we going to start' and if I started to pull any like strings uh and identify somewhere we could, where we could start, something, he would go off on some other rant about something else. So I think most of the time I would try going along with him then I would lose him and I'd feel quite mad.

Unable to connect

Feeling overwhelmed /burnout

Attempting to distance self from client and anger

Strong feelings- Helplessness

Struggling to connect and 'keep up' with anger

	When you say 'mad' what do you mean by that?	
Again inundated- highlights the complete exhaustion and pressure she felt from client's anger	um um um quite inundated.....with lots and lots of information, lots and lots of strong emotion, voices, lots of his kind of voices of other people who had made him angry you know. So it was just bombarded by his stuff.	Inundated Bombarded/ Burnout Paralysis of being emotionally overwhelmed
	Interesting so in a way the anger blocked the work?	
Anger blocking therapeutic process Feeling angry herself and sense of impatience- again placing blame on client Forcing him out of therapy as she can't cope? Countertransfe rance-both feeling angry and hopeless	yeah it blocked the work, it totally blocked the work, and maybe towards the end I became a little angry as well and I said to him 'you've got to make a decision, you've got to make a decision about this either we work or you know you have to go'. So I, sometimes I think I'd feel like that towards the end in the session as well 'ah this is pointless' you know so when he made his decision and he said 'there's no point going on with this' I kind of said I agree with him you know there's no point. Because you have to choose one of the options and if you can't then you have to**.**	Anger blocking the therapeutic process Blaming client Feeling hopeless Working with negative energy and losing hope Challenging interpersonal dynamics
	And so when he expressed the anger in the session was it ever towards you, did you ever feel it was towards you or was it generally towards other people?	
Sense of collusion with client- becoming 'allied' to protect self rather than	It was always towards other people.....um I think it would have become towards me as well in the end uh.....because his original, the original person he was angry with was his mother. So it would have become towards me in the end but it never did, I, he used me more of an allied, I was supposed to the allied to understand. Because it was, I must understand	Colluding with client anger

work with anger or challenge it	that he needs respect, I suppose I gave him respect I addressed him in a nice manner, I always made sure our room was as clean as possible (laughs) I had two chairs (laughs) even if they didn't have a back to them (both laugh). Uh so you know it was like already I was preparing, if I prepared the room for him the counselling room for him that was showing him respect. If he was taking his time to come that was showing him respect so I would be an allied. But he didn't express any anger towards me I think, no he never did. I've had clients who've come close to being angry with me but they usually abort before, leave the counselling session before, and I don't know if that's a good thing or a bad thing (laughs)	Protecting self with defences
		Setting boundaries- use of boundaries for containment
Gave respect although underlying need to protect self		
		Therapist needs versus client needs
No anger toward her as she became 'allied' for protection		Protection through colluding
Clients dropping out therapy- neither party can bear the anger	**So how do you sense in the session that it's building up, I don't know if you can think of any specific examples where it's built up and you feel them being angry?**	Relationship breakdown
	Um, um I'm thinking about one particular client, um…uh....when working he, I…I started to feel that he was getting angry when he started to say 'you don't understand' 'you didn't hear me right', his voice would kind of change and uh it started to get strong and louder and his, his features were kind of more surprised and it would be the kind of victim…poor me, poor me, poor me, um uh we weren't making contact in terms of our eyes and stuff…um he just felt I wasn't connecting with him at all and that's when he started getting angrier, I didn't actually want him to become angry at	Difficulty connecting
Repetitive 'um' demonstrating uncomfortable with situation		
Victim versus offender- difficulty of accepting crime		Wanting to avoid/escape from anger
Physical		

warning signs of anger	me, so uh uh…what I would try and sort of set up, um I would go along with him as opposed to identifying the fact that 'oh you sound really angry at me' and staying with that.	Stepping out of emotional pain
Not being receptive to client-lacking connection and not wanting to be in room with her client and his anger	**So you're saying there's something about rather than challenging the client maybe colluding with the client in a sense out of fear, is that kind of what you mean?**	Panic/fear Lack of empathy
Panicking about anger	Yeah I think that yeah, and that's why I'm thinking that maybe I wasn't the best person because I've always thought to myself that when it comes to anger I don't really challenge it. I think I really collude to keep it hidden because I don't like it directed at me.	Colluding to protect self and feel safe Necessity for self-protection
Fear interfering with ability to empathise 'going along' out of fear	**Do you think that's your personality generally, or do you think in the setting it's harder and it's the whole thing of safety to consider?**	Unable to deal with anger
Inability to deal with anger-acknowledging not best able to work with it	I think it's my personality….um....um....um.um...the safety aspect didn't really come into it, I feel it was more about....um.....I encounter more kind of angry outbursts on the way to the counselling session, as opposed to, and then I feel unsafe but in the actual session I,I think I have successfully assessed the mental health of my client to figure out whether they can spontaneously attack me or not, and I've usually taken good precautions so I'm sitting there by the, near the door and I've usually on my way down made enough fuss to know that, to notify everybody that I'm in this room. I'm not saying that I make it a big shout 'oh I'm coming down' but I	Collude and keep hidden versus challenge/explore anger
Denial of safety issues despite discussing fear above, maybe if		

she acknowledges may be too much for her?	think I make enough 'oh I'm coming down' I talk to the reception room where the, the officers are, I make contact with other prisoners I say hello so I and I open the door and make a big oh looking around so people usually know I'm in that room so I don't feel too bad about that. I um I think my feeling is, I think more my feeling is that I have gone in as a skilled helper and I'm struck, my personality is that I don't like anger being directed at me, I find I have problems being angry myself and having anger directed at me. So if I go in as a skilled helper it's almost a double whammy, that I don't like it as a person and I've chosen this role to help and suddenly I'm making someone angry.	Denial of risk as way of coping
Use of information and assessment to ensure safety		
Multiple physical and practical boundaries to protect self- suggests feels unsafe		System as a container
		Challenges to identity of 'skilled helper'/ therapist
	L: I see, so you almost see it as a contradiction that making them angry isn't helping, rather than maybe getting their anger out in some constructive way would be helping?	Feeling helpless and shamed
Difficulty of role as healer- tensions as supposed to be helping yet feels ill-equipped. Sense of her making things worse not being able to help much.	Yep and that's my initial thought, that's my initial response, if anger comes to me it starts, I can see it growing then when (inaudible) 'ahhhh they're getting angry I don't like that' (raises voice) and that's not being very helpful is it. But if I can work through that then I start thinking right let's do this constructively how can we work on this.	Fear and panic
Feeling Helplessness shame	**It sounds like an initial anxiety or panic?! How does it feel for you in the session, how long does that feeling last and are you able to then turn it into constructive**	

	interventions?	
	I'm quite ashamed of it I think the process is, um what I	Ethical/moral dilemmas over role
Urge to want to work through it but something stopping her and this brings ethical challenge and tensions for her	usually do is I usually um squeeze out a lot of the anger before I can actually deal with it. How I do that, um maybe how I do it because I don't really think about it too much is that um maybe what I'll do is something else not to do with the anger first and then after the client has been distracted by my decoy then I bring anger back in because then I would have got them into a different emotional state by saying something different and a state that I feel comfortable with dealing with, by then I've had enough time to compose myself and have composed them.	Feelings of shame over non-therapeutic actions
Returning to shame and difficulty around this feeling	**Ok so it sounds like you defuse the situation?**	Shame over actions-non therapeutic
	I defuse the anger, I don't go straight with it which is a cop out really (laughs)	
'Squeeze' the anger out as it is unsafe, needs to be defused like a bomb.	**It depends how you look at it, it might be but also I'm imagining if you do have a big man sitting in front of you who is getting angry it might be that you just need to make yourself feel safe first?**	No sense at all of being able to stay with the anger
Tricking client-decoy to dilute anger before she feels ready to return to session	Yeah I suppose	Manipulating anger and client
She's in control of session, seems client has no say	**So when you are then challenging it how do you feel, are you with the anger in the session, are you able to be quite open with it and explore it with the client or is there a sense of dipping your toe in?**	Issues of therapist holding power and control
Acknowledges	I dip my toe in, I dip my toe in and sometimes it takes me	

cop out and again laughter suggests her shame	weeks, and it may not even be so much um um that there's a big man there it might be someone who's quite, who can be verbally nasty and I don't want to hear that. And that can be just as horrible, a verbal attack on you as uh a punch or a, though I've never been punched (laughs) but you know because I don't want to hear a verbal lots of swear words and stuff like that um I think that maybe I shy away a little bit, and then wait until I deal with it later on.	Defusing a bomb
Sense that she is aware of her underlying actions and feels them to be un-therapeutic despite attempts at reassurance around safety		Need to punish self for being non-therapeutic
	I see, so in a sense something about you controlling the session?	
	I control the session, I go totally at my own pace until I'm able to deal with it	
Not fully commit to connection	**Maybe that's something about containing it in a safe way because you'd be pretending otherwise wouldn't you going in and ripping the client open…**	
Connection and building trust can take weeks		Developing therapeutic relationship is delicate process and takes time
Verbal versus physical anger- does not feel able to deal with either laughter again suggests unease with her responses to anger	Yeah and I can't do it, um I mean possibly the client can't bear it but really at the end of the day I can't bear it at that particular time so I step out. I step out in my sentence and if I feel like I'm able I come back after a sentence or two. I think with the particular client group often times they don't have direct anger at me but they have direct anger at the establishment and that, I, anger at other women and people like that. So I, I have to be very careful that I'm not colluding with that I actually have to bring it back that I'm part of the establishment, that I am also a woman so what does that mean	Inability to tolerate verbal or physical anger
Controlling and manipulating session for her own needs		Therapists needs over clients
		Abusive relationship

	about me, how angry they are with me. I think sometimes within our short counselling contract we don't, we don't get enough time to do that, I think because maybe we have about 8 weeks or so forth maybe we don't get a lot of time to do that. And because clients move on so quickly with other features that might be more important, you know court cases going, you know they're on remand, they go to court suddenly they're a mess or they need to talk to you about what happened in court or the solicitor they haven't been able to get in contact with their solicitor they need to talk about that. You know so it's quite hard sometimes to say focus and with the anger issues that they've bought previously, I say 'you know actually don't worry about the court case even though you just went yesterday let's talk about the anger' you have to kind of stay a little bit with what they're experiencing and tie it in with the whole presenting problem I guess.	
Stepping out of therapy to recuperate and recharge batteries		Therapist unable to bear anger
Needing to gain emotional control / distance from the experience – stepping out		Need to gain emotional control
Challenge in not colluding with client but earlier stated openly discussed colluding with client		Tension around collusion with client
Part of establishment		Control verus care
Need for more time to develop relationship and work with anger		Lack of time and resources
	Ok and would you say that you generally address the anger with a certain approach?	
	Oh mainly person centred with the anger, uh I'm definitely more person centred (laughs)	
Difficult contextual factors that interfere in therapy and exploring anger	**You laugh, is person-centred so you can go along with them kind of thing?**	Contextual factors-more important to deal with than anger
'Hierarchy of needs' other things need to take preference	Yeah um I think um.....I, I think that usually I don't particularly chose angry clients when I see the presenting problem. I don't usually chose them and I don't have access to	

Attempting to tie anger into other issues	them. If it comes up then it's more person centred and I go in particularly to deal with angry issues then it will be CBT.	Acknowledging broader issue and tie into anger
	Ok so something about knowing it's planned?	
	Yeah then I plan it and can control it more	
	Ok so when it comes up and it's unexpected that almost feels a bit more unnerving for you?	
Laughter may suggest her feelings of unease around her approach at dealing with anger	Yeah definitely	
	And how would you describe your responses to impact on the session, the therapeutic relationship and the therapy overall?	Use of therapeutic approach for containment
Switches approach-anger changes how she normally would work with people	Um it feels it, it changes it a little bit but because it's a very, I don't even dip my big toe I think it's my little toe really, it doesn't change the therapeutic relationship too much but it does change it a little bit because you have to deal with something that isn't quite nice um……and sometimes I think that a lot of clients they want the counselling session to be nice…..you know for this to be a good relationship with another professional, um (inaudible) because they often don't have good relationships with professionals, they might have a few prison officers that they have a professional relationships with, but they want it to be a good one so it's hard for it to, you have to I think you have to gage it a little bit so that it, you can do a little bit and then it still can go along the lines of it being nice according to how they would expect it to be or want it to be or what they can tolerate.	Theory as a fall-back when uncertain in use of self
Sense that structure of CBT provides more containment and safety		Need to be on guard and seeing anger as a 'thing' to control
Viewing anger as a 'thing' to be controlled		Unexpected anger harder to deal with as less control
When anger is unexpected harder to deal with		Need for more flexible practise
		Anger changes therapeutic relationship

Again acknowledges lack of connection and distancing from client anger	**So from what I'm kind of picking up is there something about feeling bad if it's a challenging or difficult relationship because they might have that in their lives with partners or other people, is there a sense that you want this to be a 'nice' relationship for them?**	Wanting to provide a good relationship-healing role
Feels that she doesn't want to upset clients perhaps to protect herself but as well wants to offer good relationship for them as many have bad traumatic ones.	Yeah where they can learn and a kind of, I'm searching for the word but um it's like a safe place almost. But you know sometimes I go and collect my clients, lots of things are happening for them on the actual wing, you know they're dealing with a lot of horrible stuff on the wing, confrontations on the wing, confrontations with prison officers, with other clients, fears about what their girlfriends are getting up to outside there, fears for their health, lots of other things. Then they come into this kind of safe place where the counselling session is taking place and for 45-50 minutes, its quiet you know, even though people are banging outside its quiet. And we talk, we talk in a very quiet fashion so it, it just feels that sometimes I want to control that a little bit more and only bring the anger in when I feel it's necessary for them to deal with it (inaudible) it's a progress in a very controlled fashion.	Wanting to protect clients-offering safe space
Tension between caring role and risk		
Wanting to offer safe place for clients		
Multiple contextual issues for clients in prisons-this contradicts earlier comments where she stated she felt they didn't have much to worry about in prisons	**You said that quite a lot of stuff happens for them on the outside, and also on the inside as well, just a sense of there being so much and how difficult that is for you, I was wondering if you could just talk a little bit more about that?**	Want to control anger for sake of client Powerful embodied process

Protecting client as well as self from anger	Um…um…I…um I think it's quite hard to actually even put it into words sometimes, I mean when you were talking there I was thinking to myself, it might, something quite dramatic must happen when I work with anger because I come out of the session and I'm exhausted, I'm really, really tired, to the point that I think I haven't got any sugar in my body I need to go and eat immediately. So I suppose there is a bit of me feeling quite, it must paralyse me quite a bit and it must take a bit, a lot out of me.	Physical impact of work-exhausted and unable to shift feeling Extent of anxiety around anger – paralysing
Struggles to put experiences into words-sense of exhaustion.	**And do you find a difference between clients that, I don't know if you've got any experiences, of clients that are passively angry or more overtly angry?**	
In process of reflection-unsure of exactly what occurs to her but can feel a real embodied effect as she feels physically exhausted after sessions.	Um I'm trying to think....I think it is easier for me to deal with if it's quite passive because then I can bring it up. Because if their passive, it feels like they're more frightened of their own anger themselves, so I can bring that up in a slightly different way but.....um.....but I don't think I've got a huge amount of experience with that.	Manipulation of sessions-need for control of anger
Paralysed by the anger-unable to act	**You said something about them being more frightened of their anger makes maybe you feel more confident to address the anger?**	
Passive anger easier to deal with than overtly aggressive anger as she	Yeah it feels as if, you know what it feels like it feels as if their running around more than me that I'm quite, I have, I think to myself 'ooo we can see it', it's almost as though the anger has become a big rock, a boulder in the room and their	Anger as elephant in room-both avoiding it

then feels more in control of session Aware of own internal processes but not explicitly reflected upon with client Anger as boulder in room-client trying to avoid it but seems she is trying to avoid it too Dissonance between seriousness of crime and lack of anger expressed in session-client denial of crime. Perhaps she was denying his crime as well in order to avoid the anger coming out as she stated we never got to the anger	running around trying to avoid it so I have to try and bring them back to it, I don't know if that's the kind of passive anger that you're referring to. So that's easier to do, I'm thinking particularly about a client who was an arsonist and um...he was a quiet spoken man as well and didn't seem to, to have much anger in the session but it was always there because he did quite a horrible thing you know. And he never quite addressed, it's almost as if the house just caught fire and it wasn't the fact that he set fire to the house and that he was very very angry with his partner and that's why he did it but I, but it, within the session nothing directly came out towards me, or he didn't kind of, have any kind of remarks, kind of um um covert remarks that could be seen as anger towards me at all so it, it wasn't a big thing. But he was obviously very angry but we never got to it. **So working with this kind of client group it seems a lot of them or some of them are in for quite violent crimes where they have acted in quite an angry manner, so already you might go into a session with them and know that there's some kind of anger there but if they're not showing any, they're just sitting there saying "I don't have any anger" but then to murder someone, or to get where they are there must have been quite a lot of anger there, so I'm wondering if there is a tension for you in terms of working with that?**	Distancing self for self-protection Denial of crime to protect self-avoiding exploring further as feels murky Gently approaching client anger

Horrific crime but no mention of consequences of not 'getting to' anger in terms of rehabilitation for this man and Safety of public

As I said it's like the elephant in the room but it's how to, it's how to do it without forcing them to look at something, you know they're running around trying not to look at it, so it feels really difficult to force them to look at the anger so you have to find the appropriate place in, I think rather than anything else

And something about in that setting as well that they're being controlled and being told what to do by the officers so maybe forcing them or challenging them too much might be?

Care versus control

(Interrupts) more of the same, more of what they've already experienced outside of the counselling room, being made to do things and just carrying on part of their imprisonment really, which is not.....it's not what the skilled helper in my view is supposed to do and what part of, um um often times, not seeing myself as part of the, um enforcing their imprisonment, not being part of the establishment and so forth. And especially since I come in any way from HQ, I'm not there all the time so it feels as if I'm very separate from it and I think counsellors and psychologists and other civil, civilians workers are not seen part of the establishment so to speak, part of the prison officers and SO's and so forth. So I think in a lot of ways maybe unconsciously I'm trying to keep that divide which is a terrible thing to do really because then you keep that divide of you're the good and they're the, the

Ethical dilemmas around therapeutic role

Difficulty in getting clients to look at their anger without feeling abusive and forcing, risking drop out

Risks take priority

Acknowledging the delicate balance between care and control Tensions of role as counselling psychologist and 'skilled helper' thus not wanting to be abusive 'Not being part of the establishment'- contradicts earlier comments of seeing herself as part of establishment highlighting real tension for her Now relating self to part of establishment- confusion over role. Risk takes precedence Feels isolated, separate and not part of their world	others are the bad. But I still make it clear to the clients that I'm part of the prison service and I work for them so I won't be colluding with the prisoner at all. And anything when I think he can hurt anyone or himself. **Do you feel that there's a tension with care versus punishment, the officers are more on the punishment side and they might get angry at you?** I feel very very separate to them um (sighs) um there is a tension there and I don't know how to explain the tension it's almost as if um um I'm a visitor in the prison officers very organised and very um objective world and I've come along and I do something quite scatty and they kind of um um just allowing me to do this but obviously it's a very silly thing that I'm doing anyway (laughs) that that's the kind of impression I get so so you know any kind of.....any kind of stuff I come up with unless it's solid stuff like somebody's going to hurt themselves it's not really anything for them, which is true, which is kind of true. You know little things like um well what they consider to be a little thing is almost kind of um to me, is kind of um ridiculed in a lot of ways because often times I've said to prison officers about my clients who have, who are not eating and reporting to me that they are not eating, I will say, note it down in their records or so forth, I will say to them you know, the prison officer 'oh he said to me that he hadn't any much food today or yesterday he just	Sense of isolation Not fitting in Stigma around therapy Risk over therapeutic issues Feeling

	ate an apple' and they will almost just you know, there's a wry smile as they say 'well he had, what about that lasagne , that moussaka that he had last night the day before and so forth' so it is almost as though there two things, that they know the real stuff that goes on and I know something totally different and my totally different stuff is fairy stuff, it's like a story and it's not actual, actual reality. So there is that little bit of tension between us which is fine they have to maintain the safety of their establishment and all of the prisoners, which I'm part of but I'm not there all the time to doing it. I am maintaining the safety of the counselling session and the client and myself of course.	manipulated by clients
Stigma around therapy-seen as scatty		
		Necessity to contain sessions, clients and self
Feels ridiculed and not taken seriously when tries to advocate prisoner's care		
	Ok so just going back to some specific examples of your clients or the client that you mentioned who was angry, you kind of touched on it a bit, how would you say that the therapy changes over a long time, you touched a bit on the therapeutic relationship but can you say anything else more in relation to the anger, how you saw the therapy changing, you mentioned that a couple of them withdrew from the therapy, dropped out, does that happen often?	
Sense of feeling tricked or manipulated by clients and ridiculed by officers as she knows different story		Frequent client drop outs
	Yeah...I think it does happen a lot um.....and I don't know if this is part of the research I think it's quite different, to throw a spanner in the works, but I, I'm going to, I think I have different relationships with um different clients um the first client I talked to you about who was, is a black client and	Unique and challenging interpersonal dynamics
Therapy as a story not reality		
Safety necessity		Importance

	I'm a black therapist and he really wanted me to be on board with how he was feeling towards the establishment the anger he was feeling towards them, ok. Um I think he needed to abort, stop the session early because he would have lost that kind of relationship with me if we went any further, because his mother's also black so towards the end the anger would have to be directed towards me as a woman, and you know symbolic as the original person that was really horrible to him. So I think that he had to abort for that reason and that means that that changed the therapeutic relationship it didn't allow it to go any further, I think he knew that, that it wouldn't go any, that it couldn't go any further because he was going to get angry with me. He didn't want that to happen either because if he, even though he knew that the relationship he had with his mother was a real, the real core of his anxiety and maybe the result of where he ended up. Um he wanted to maintain her as a good figure, he really did and if we ever touched on any negative around his mum he wouldn't be comfortable about it and he'd say 'well I'm over that now, I'm this now, that's history' but yet he hate, he hated a lot of women, he doesn't like women a lot so it was all int.., but he needed to keep that good and he would have lots of anxiety about being angry **I know you've touched on it as well, but in terms of specifically him how did that feel for you knowing that he had all this anger and it could be directed at you because**	of context Struggling to work through countertransference feelings Difficult to allow client to get closer to what they genuinely feel
Drop outs frequent Individual relationships with clients no set interpersonal patterns Cultural, racial, gender issues-importance of context Client's reluctance to continue with therapy		

	you're a woman and maybe you symbolised the mother?	
Blocking of therapy	um……it it didn't feel, um it didn't feel as bad as other, it didn't feel too bad um because I, in a lot of ways I thought if we ever got to that place where we could um talk about that, get angry with me a little bit and talk about that it would be, it would be good for him and he would really move on in a big way and it would say something about our relationship about our therapeutic relationship. That he could trust me enough to stay with me when he got angry and um not leave him and he would come out of it, that I would bring him out of it and he still could be an ok person, there would be a balance he wouldn't just be terrible he wouldn't like blow up in a puff of anger and just disappear, so it would have been good if he could have, if he could have stayed with it but he couldn't bare it, he couldn't bear it at all.	Inability to process client's feelings and aid therapeutic process Client anxiety but also a sense of her finding it difficult to deal with client's bitterness and hate projected on to self Value of engaging in a connected way with clients but danger of being damaged / contaminated by this
Idealising therapeutic relationship and place could get to but never quite reached it	**So something about a mixture of the client not being able to bear it but also you not bearing it. I'm wondering can you think of any positive experiences or positive things of working with clients who express their anger?**	
Trust important but neither party were able to make themselves vulnerable enough to trust each other in the therapeutic encounter	um……um……ah I'm trying to think of specific things (silent for 40 seconds)	
	I suppose you just touched on one in a way didn't you the fact that staying with it?	Sense of shame at not being able to help client
Blow up in puff of smoke and disappear –	**(**Interrupts) Yeah but it wasn't complete, it wasn't complete he he, for him the anger was uh uh it functions, it really really	

sense of what happens to clients when their anger is not worked through properly	really functions for him so he has to keep it in track, in tact. There was nothing to replace it with if he hadn't abort early then maybe we could have found something to replace the anger with so that he could survive.	
Silence suggests she does not view anger as positive or that working with it can produce positive results-ties in with earlier sense of hopelessness in working with anger	**Was that the similar one you mentioned earlier about anger being a defence and a survival for him?** Yeah I think if anything that was the one where it was always in the room, it was really, he always came with anger issues always, always every single week came with anger issues. If it wasn't somebody, him coming out of his cell and seeing somebody and how they looked at him and that made him angry, it was always something we talked about but never went really deep he just wanted to stay stay stay really realy really angry and not wanted anybody to take it away and sometimes um, I think occasionally we did kind of reframe it a little and kind of think 'oh ok that happened somebody looked at you a certain way and that made you really really angry, oh what did you think was going on at that particular time what thoughts went through your head' and that was very positive because he started to actually figure out that his thoughts had something to do with his emotions there. He said, he he started to think 'oh yeah yeah if I had a different thought' and he came up with different explanations for why somebody was looking at him and he did let go of a little bit of anger, although 'that didn't help too much did it by me	Feeling stuck and difficulty in shifting anger
Tenses with the emotion of retelling-sense of her not feeling she was able to work with it properly and failed in some way.		Use of specific techniques to help shift anger
Frustration at not being able to help or soothe this client		
		Excitement and emotion about positive psychological changes
Problems revolved around anger-anger as defence		Collaborative engagement in the work
		Gaining hope within therapy and then losing it
Difficulty in shifting anger		

to move forward	thinking that'. But it wasn't long lasting that type of thinking because I thought for a moment 'ooo maybe we could work cognitively but it wasn't long, it wasn't, it didn't go on to the next week, because the next week he was back again being angry and just wanting to stay there not wanting me to even consider to, that he could that something else was going on that maybe he had misinterpreted what he had saw or misinterpreted a situation because he needed the anger to stay as a kind of field, a force field to protect him from something	
Use of particular CBT techniques to try and empower and shift anger but still stuck		Challenge in 'cracking' anger defence and reaching out to client
Client being empowered by technique also		
Gaining some hope within the therapy	**So there's a sense that no matter what approach you use whether it's cognitive or just being person centred with him there was no way to sort of penetrate that anger?**	Fear of the fragility of clients in pushing them too much
Sense of hope not lasting long as return to being 'stuck'	No because it was his survival, it was his survival that if he actually let it down he would crumble and he would lit...., you know just cry cry cry cry cry and never stop crying and be very very sad and not get out again of the sadness. So I think what, you need a longer relationship, counselling relationship I think or what you do need if you don't need a longer counselling relationship you need a more creative counselling relationship that sometimes instead of going weekly say for 50 minutes you can go for short, you can go for a shorter session and say 'ok are you ok to deal with it today' and see how he feels and if not come back or just elongate the counselling contract but at the time that wasn't an option	Client too vulnerable to explore anger
Defence of anger just too powerful		Flexibility in therapy with anger issues needed
	So you're saying in a way maybe thinking about more	

Acknowledging difficult feelings behind anger	**generally in the prison setting but with him specifically as well being more creative with sessions and how we do therapy, that maybe 50 minutes once a week is the traditional way of doing it but maybe it's not suited in that environment?**	
Unsafe to explore and penetrate anger as client would be too vulnerable/ not strong enough	Yeah to individuals who feel, who've had a particular life experience from a very early age, and have, are very very angry but they use their anger to protect them from further assault, be it real physical assault or emotional assault or what they perceive as assault. So in order to to work with them you can't just drag their anger away because it helps it's a shield so you have to work on your relationship with them and show that you're not rigid and you can be flexible and if you can be flexible then maybe they think you could, they put, they get the idea that you're going to be there all the time, for a while.	Feeling restricted in what able to offer-No time for exploratory work
Challenge of working creatively and spontaneously under time pressure	**When you say rigid and not flexible, what do you mean can you explain that a bit more?**	Need for more intensive therapy focused on past events/trauma rather than just anger
	I think rigid in a counselling contract and how you work with them. You'll still be there counsellor but you can say 'ok it's not only going to be 8 sessions let us do at least another 10 or so and see how you get on and some weeks you may not feel up to that, that's ok with that, I'm ok with that or sometimes you might not be able to do 50 minutes you can only do half an hour I'm ok with that and I'll come back next week' that kind of thing	Developing a relationship over time-patience Flexible boundaries
Early trauma/childhood difficulties need for more intensive work		

Not rip away shield of anger but slowly understand it and validate it before trying to change and that requires time and effort on both parts.	**So soften the boundaries in a way, which seems quite contradictory in a sense that it's in a setting that is full of boundaries and full of rules but maybe what you're saying is they need that difference?**	Need for therapeutic relationship to take preference over punishment/ control
	Yeah..... because then I think that would, that would impact on the relationship, the therapeutic relationship because they'll start to feel more just comfortable and they'll believe that you're going to be there.....I think	
Loosening boundaries although contradicts with earlier comments about forcing client out as he wasn't ready to address his anger.	**So it's something really about what you're saying not just charging in and ripping away the anger and thinking right they need to deal with this anger it's more about building up trust and a slow process?**	
External pressures of 8 sessions	Yeah and do it in their own time, even though you can see that it's a big elephant and needs to be dealt with, but it's taken a long time to grow so you just can't destroy it just like that. And not only that because people have had it for so long it helps them, it functions for them so you have to stay, allow them to have it for a while and then also even though it functions for them their quite frightened of it because some people actually feel that they will get so so angry they might do something or they'll get so so angry that somebody will have to do something to them, they'll exp...., they'll get angry and then somebody will think, are they going to attack them so they'll have to they'll be attacked instead, it'll be misperceived, so it's important to understand how the anger	Importance to understand function of anger
Need for therapeutic relationship to take preference despite rules and policies		Tackling stigma

Sensitivity, trust, time therapeutic issues need to be given more thought with such clients and not about control	works and what it means. And also in prisons, I think a lot of prisoners have to use anger to protect themselves around with other prisoners because you can't be seen to be a soft touch because if you are somebody could hurt you, they'll take the mickey, they'll take your stuff you know, they'll hit you, they'll bully you so you can't be seen, so you have to learn to be able to become angry even if you don't, you're not angry. You have to learn to act angry so that it, it's all kind of messed up the whole thing around anger I think in a prison.	around anger and therapy in prisons to increase engagement
Important to understand function of anger and prison setting to be able to understand and empathise with client	**There's a sense that they've built it up from their childhood this angry defence but then at the same time being in a prison that it's just the walls are actually around them?**	
Importance of clients 'buying into' the therapy process and difficulty as stigma exists in prisons around therapy	Yes they need it as well, they need it to protect themselves from other prisoners and from what they've suffered in the past as well **I was wondering what you've learnt about your own anger through working with these clients in this setting?**	
Anger is resourceful and helpful in prisons	hmmmm yeah yeah I mean obviously I learnt the horrible side it's the fact that I don't like being angry um I don't like being on the receiving end of anger um I also learnt that I'm quite frightened of it and I play lots of games around it. I've learnt that I have to control my anxiety about it for not my benefit for the clients benefit but I'm still aware that I haven't dealt with it properly, my response to it. Um and even in this	Need to control own emotions to contain clients Minimising impact of own emotions Concern about impact of own feelings

	session I'm thinking to myself oooo yeah it's still there isn't it and maybe um that might be one of the reasons I've just stepped out of counselling for a little while. That as you do more of it you're more likely to encounter clients who are angry more and more, and not only that but you get more skilled at dealing with it so it becomes more apparent that they're angry and you can expose it more and maybe that's why I stepped out a little while again.	on the client Avoidance of developing further skills and working with anger Difficulty of managing client's needs and her own needs.
Fear of anger results in her playing games around anger and need to control her own anxiety/emotions to contain clients Emotions too overwhelming to be able to disclose to client and work with in intersubjective space Frightened of becoming more skilled at dealing with anger as means she would have to deal with it more but then by stepping out of counselling seems to be avoiding developing further skills. S Sense of immediate	**There's a fear that you will become more skilled at it and then you'll have to be exposing and dealing with it more, is that what you're saying?** Exposing it more, yeah. Then I'll have to deal with it more yeah and that's only just come talking about it that, I do, it's literally, it is a problem, it is a problem. Err, it's one of the things that I can't, I don't like at all. **Is it counselling in general or counselling in a prison setting that you stepped out of, I mean, is there a sense that it's specific to the prison setting, that you were mentioning that there is just more anger, there, and they have to have that angry defence up for other prisoners?** I, I think there's more anger around in the prison setting, I think, um prison officers are (laughs) they walk around all ang..., I think they're more angry, people that just more kind of expresses err, they express their irritation more. It comes out in stamping and throwing and screaming and shouting and	Working with anger as a problem. Difficult and emotionally draining Anger everywhere in prison setting Sense of complete burnout-need to leave prison (drop out herself and recharge batteries up)

reflection-realised how much of a problem working with anger is for her	swearing. Very different to other environments that I work in. So, err, I have, yeah I stepped out of it for a short while, so there must be something about me not being unable to tolerate that kind of raw emotion, that it's just more, it's raw and it's something that I just can't bear for a little while that I have to go, charge my batteries up, and then come back again and deal with it.	
Specificity of prison setting and anger	**Yeah, and that makes complete sense and it's interesting that you say, that raw emotion and I'm wondering, you know, in another work place, who would stamp and yell…**	Unease of expressing own feelings and anger
	No well it just doesn't happen, I think the other I day I had a little… bit of an outburst. It was a smallish, more, most controlled outburst ever but that was me expressing anger because, I don't really get angry anywhere, only at home.	
Difference of prison setting to other work environments feels less safe and contained	And, erm, my line manager left, my line manager left the building (laughs) she went out (inaudible), I mean it was quite late but she left and um, I could see that most people put their heads down, and it wasn't that big an outburst, but I, I, you know I expressed myself and um, the next morning my line manager said "I need to have a word with you" and I thought, 'oh, ok, I guess you're going to talk about what happened yesterday, but it's spent now it's spent, it's done' But it just shows me that, and I hardly ever get angry, and it wasn't huge, it wasn't huge at all. It's not, it's certainly, it's just not the 'done' thing.	Stigma around anger
Denial of own anger generally-unease with expressing anger		

Able to express anger and felt fearful of consequences and stigma in society around anger

And that's generally in society isn't it, people avoid anger, or they don't like seeing it?

Yeah

So, to go into a setting where anger is, kind of, everywhere, to have to try and work with that and deal with it and expose it like you're saying I can imagine it is a huge thing, for someone to do?

Need for protection, containing self through therapeutic frame

Anger's a huge thing, and I'm aware that I have a bubble around me and it's a strange thing but I think my bubble is, I have my piece of paper, with my notes, my book, with my pen. I have any exercises that I've done with my clients and then I have ideas of what happened last week, and the previous session, but already I've created my force field. Um, in another, if it was a different setting and I didn't have to walk through the wing, I guess my room would be my force field, as it would be contained, I would be contained in that. But I think I walk into a wing, with a force field which is the one thing about as a counsellor, I going with all my equipment, my paraphernalia to my session. And that will protect me from stuff. I mean obviously stuff happens, anger has happened to the side of me, in front of me and stuff. But, you know, I think I have, I have this little thing around me. Maybe other counsellors don't have it, I don't know.

Focused on physical equipment as opposed to feelings

Feeling at risk emphasis on containment rather than interpersonal process

Client fragility

Anger as overwhelming, difficult to deal with

Need for protection, containing own emotions by building bubble and forcefield around herself.

Keeping self psychologically safe

So you mean like a bubble or a wall to contain your own feelings and your own anxieties?

Sense of fragility and again contradicts with earlier comments where she denied feeling unsafe in sessions but her actions here may suggest otherwise.

Own self-reflections not explicitly shared with client, putting on a "smile" and pretending she is ok. Sense of not connecting on a genuine level with client as focus on containing her own feelings and anxieties Again strong need for protecting self

Importance of barriers and safety nets to do this work

Yeah, or my own anxiety about what I see, about anger, and about expressing anger, being angry myself. I don't go around with a glum face at all, I'm not just, that way. I smile, a lot and I think that comes back to the fact that I don't think anger's a good thing. It's not a safe thing to express and, err, I don't know so I smile quite a lot and that's part of the bubble. I smile to me clients a lot, and they smile back at me, I suppose. So it's something that, I don't know what, how other clients, counsellors are. I don't if they have err, maybe I'll read it in your thesis, if they have a protective um… bubble or something. Maybe they do I don't know. But that's me trying to explain, that, the profession, my profession, counsellors, psychologists, whatever, is like a bubble, to protect myself, from what I see on the wing. You know, even I, and the, the picture, that's instant, the session, the picture, the image that comes into my mind, I remember err, what, a very small prisoner, getting very, very angry. I don't know what happened. I've seen, I saw him every week, and he was always very cheerful. But he got very angry with something, and he was arguing with the, err, the prison officer. And the prison officer who was mor.., at least twice the size him, towered over him, and towered over him and goes yelling and barking at him. And this is the first time I've ever seen a prison officer bark like that. He went barking at him, and I can't even remember what he was saying. And he said, "right,

Own self-reflections not explicitly shared with client

Putting on a professional appearance for sake of client "smiling"

Protecting self

Traumatised by seeing how anger is dealt with in prisons

Image has stayed with her of angry man, sense of what she sees as being traumatic, not understanding the way anger is dealt with by other prison colleagues. Aggression in opposition to her more collusive or avoidant style	that's it". And he marched this little prisoner, little man, into his room, into his cell and slammed the door and locked him in. And, erm, erm, and this prisoner had no (inaudible) yet to kick the door. I thought "oh what, you're miles bigger than him, anyway. You're miles bigger than him. You really don't need to lock him into his cell. You put him in his cell and then you stand at the door and you say, "what are you angry about?"". You know, and I thought, I just thought, "arrrrgh, what's going on here". So that was really kind of, I think that struck me, that struck me as just what I encounter, on the wing as I travel down. Which wasn't, it was, err, it was just a very strange thing, very different to my world I guess.	Sense of sadness and empathy as observer Struggling to understand and cope ethically with things she sees around anger in the setting Issues of power
Urge to protect prisoners Again sense of feeling out of control and distressed by what she witnessed- ethical and moral issues	**So it sounds like in a way, maybe, the environment breeds anger, in the way that it's set up and that they're not able to express it back in a sense?** Yeah, I think, maybe it breeds anger, but it breeds um overreaction to anger. He is, he was a very small prisoner. Very, very small. And the prison officer was very, quite big. He didn't really need to march him so forcefully, to his room and, to his cell, and throw, and lock it. Because he was very small, he can handle him, he could have handled him, I think. And he, and the prisoner had no time to say, to talk. That must have been even more frustrating. All he could was kick the little, kick, and kick, and kick. So he just couldn't talk about what was making him angry.	Prison as breeding ground for anger Lack of power

	Is that kind of what you feel like in the sessions, as a therapist you want to be there and not react in a strong way, or not challenge them too much because they probably get that already, so maybe it's about controlling the anger?	
Overreaction to anger in contrast to her underreactions to anger different ways of dealing with it create confusion and conflict for her	I think, I think that sometimes in a session it's really, and you're thinking, what's the best way of handling this. So that, you can actually feel in control of it, and it, and kind of, it, explore it yourself. In a very, in a way where you have control. You know, I don't want to be marching you to room, and, and leaving you there with it. I want you to be able to have more control over it. And even though you express it and it's big, but for you to be able to bring it down as well again. But sometimes I think that because I'm so frightened of it myself, and I, I run away from it, I never get the skills to, um, actualise my intention.	Confusion at how to handle the anger Exploration versus containment
Becoming emotionally caught up with what she saw		
	It sounds like you, you're perhaps being aware that anger is such a complex emotion and that it really involves two people, like that officer marching he wasn't aware of his own anger so that's how he dealt with it?	
Difficulty of conflicting responsibilities creating confusion Wanting to explore but feeling unable to due to fear of not being able to contain client and what this may mean for her own safety as well as the client's wellbeing	(Interrupts) he was dreadfully angry (laughs)	
	Yeah so something about you really knowing that it's important to be aware of your own anger?	
	Yeah, yeah and I guess as well that even though I walk around in my own bubble by the time I get back to um the psychology	Therapist's own feelings of anger

Unable to adapt work with clients to minimise the impact of own emotional distress	office I am quite angry as well **Ok interesting what's that about, can you explain that a bit more?** I think angry at, I feel it's anger about powerlessness really and powerlessness in terms of not being able to work with them regularly, whether I (inaudible) the prisoners regularly so that I can actually develop, not being there all the time to get the full picture of what's actually happening with them because I'm only there one day a week so I think my anger is 'ah what's the point' just frustration you think what's the point of this I'm only here one day a week and when I come back I literally have to pick up the pieces again it's very difficult, I'm in and out, I'm not getting a full story of how their world is, 'oh ok they had an ACCT, there was an ACCT review oh gosh where is the folder, I go to one landing it's not there because someone's taken it up to another landing to review oh god', so there's a lot of frustration about just being powerless, powerless to make a difference, to get a complete picture about what's happening with my clients. That he will give me a bit, the client will give me a bit of the picture but it may not be complete at all because he's quite disjointed and forgetful in so many other things are happening and he's speaking about lots of other things and he forgot what happened in the review anyway, I feel quite, yeah I feel powerless when I get to the, back to the office I feel quite	Feeling powerless in bigger system Time pressure in time-limited therapy Being left in the dark Feeling of no use
Acknowledging own feelings of anger from being in such an environment		
Feeling powerless within the bigger system to make a difference. Identifying with prisoners sense of feeling trapped.		

	useless sometimes.	
Hopelessness and frustration about what can achieve in time and not knowing as much as she should about context of her clients lives.	**How are you able to deal with that, how do you kind of sit with that yourself?**	Use of coping strategies to calm own anger
	I eat (both laugh) I eat and then I just sit down and eventually, I look on the internet and I just calm down, and then I start writing up the notes and then I start planning what I can do to get the information I need. But always, it doesn't ever go I don't think, it doesn't ever go, the anger I think it just stays with me.	Sense of being left/stuck with own anger
	The anger from that powerlessness from being in there that stays with you?	Feeling de-skilled and undervalued
Not knowing what is happening with her clients- feeling out of control and sense of unknown	Yes, yes and not being able to do enough, not being able to have the full picture and just being in, um I don't know it's hard to say sometimes I even feel quite angry about coming in as a chartered psychologist and feeling like I'm just a trainee, so I get angry about that as well.....I get very very cross about that sometimes	Feeling like a 'trainee' again
Needing to know about clients- challenges to confidentiality	**So it's that same, linking back to the start of the interview it's the same feeling that you described your client having of not getting respect, to not feeling valued, I guess just being in the prison system and you're trying to help but not feeling valued?**	
Useless/helpless	I think that's it, I think you've hit it on the head really, not feeling valued or respected, I think and that might be one of the reasons why I stepped out as well another reason for a	Burnout and no positive feedback- 'stepped out'
Eat, read internet coping strategies for own anger		

Anger never goes-too difficult, overwhelming	while yeah.	
	I'm just aware of the time so just to wrap it up is there anything else that I haven't really touched on that you feel quite strongly about on this topic that should be brought up?	Value and need for specific training on anger
	I think really we should have more training on how to deal with anger because it's one of those things that you do run around with, I play enormous games with it, terrible games with it and I don't think we actually handle it very well, I don't think as psychologists we handle it very well, as counsellors we don't handle it at all well I think. And it's quite interesting that you're doing it, when you said you were doing anger I thought' oh my gosh what's she doing anger for I've never encountered anyone angry before and I'm never angry myself' and at home I scream and yell, so I am, I can be quite angry.	Playing games around anger-inability of therapist to deal with client anger Not safe to express own emotions at work especially own anger
Feeling de-skilled, undervalued and not respected Feelings of going back to being 'trainee', feeling out of control and not know what doing. Importance of respectfulness		
	It's interesting that that's what comes to your mind immediately that "I've not experienced anyone with anger" because a few reactions have been the same you know, "anger why are you doing anger, I've not experienced anyone angry or I can't think of any clients that are angry" but then when you actually sit down to think about it we realise maybe how much it is sort of everywhere	Avoiding/boxing anger away as way of dealing with it
Work burning therapist out and offering no positive feedback-'stepped out'		
Need for training/lack of training on anger issues	It is everywhere, it is I know we're always angry, and I mean I	Importance of containing clients or their anger will explode out of the box
Reflecting on		

own anger and recognises can be angry. Ok and safe to express emotions at home but not at work Anger dealt with by boxing it away, avoiding it as reflected in her work with clients Client both scared and scary Countertrans-ference and feeling the client's fear Reflecting on sadness of clients' anger in such settings and perhaps the sadness of not feeling as if she can truly reach her clients	just came from a meeting where everybody was bloody angry (both laugh), but you know I think what we do with anger is we put it in a box and we lock it and then one day it explodes and you think 'oh my god why did that person do that, how did they manage to do that that's terrible' but I guess it's because the box becomes too big and it explodes, it's full (both laugh) **And like you said with this client group, you know there is so much in that box that that it explodes to the level where they do something quite extreme** And they're very frightened of it, they're really frightened of it, yeah that it'll become so big that they'll never be the same again and they, they'll be destroyed by it and they won't be able to go back..... it's sad **It is sad….that's really interesting thank you so much for taking part in the interview.**	Anger=unsafe

APPENDIX 7: LIST OF THEMES FOR INTERVIEW THREE

Prison system as a container

Prison system fuels client anger and breeds anger for therapists

Training oriented towards severe and broad range of mental health issues

Need for protecting self

Risk versus therapeutic relationship

Relationship breakdown-client drop outs

Unable to connect with client

Attempting to distance self from client anger

Feelings of Helplessness

Struggling to 'keep up' with anger

Physical impact of work- exhausted and unable to shift feeling 'inundated, bombarded'

Extent of anxiety around anger – paralysing

Anger blocking the therapeutic process

Blaming client

Challenging dynamics within the therapeutic relationship

Working with negative energy and losing hope- 'no point to work'

Colluding with client anger for protection

Use of boundaries for containment

Wanting to avoid/escape from anger

Feelings of panic and fear

Inability to deal with anger therapeutically

Denial of risk as way of coping

Challenges to therapist identity of 'skilled helper'

Shame over non-therapeutic actions

Manipulating anger "squeezing it out

Developing therapeutic relationship is delicate process and takes time

Inability to tolerate verbal or physical anger

Need to gain emotional control-abusive relationship

Acknowledging meanings for clients around anger

Need to be on guard and seeing anger as a ‘thing’ to control

Unexpected anger harder to deal with as less control

Need for more flexible practice

Anger changes therapeutic relationship

Want to control anger for containment of client-provide healing space

Ethical dilemmas around therapeutic role

Sense of isolation- ‘Not fitting in’

Feeling manipulated by clients

Struggling to work through countertransference feelings

Difficult to allow client to get closer to what they genuinely feel

Inability to process client’s feelings and aid therapeutic process

Value of engaging in a connected way with clients but danger of being contaminated by this

Feeling stuck and difficulty in shifting client anger

Challenge in ‘cracking’ anger defence and reaching out to client

Feeling client is too vulnerable to explore anger

Feeling restricted in what able to offer-lack of resources/time for exploratory work

Need for more intensive therapy focused on past events/trauma rather than just anger

Developing a relationship over time-flexible boundaries needed

Tackling stigma around anger and therapy in prisons to increase engagement

Minimising impact of own emotions on client

Avoidance of developing further skills and working with anger

Difficulty of managing client’s needs and her own needs

Containing self through therapeutic frame

Own self-reflections not explicitly shared with client

Putting on a professional appearance

Feeling powerless in bigger system

Needing to know about clients-challenges to confidentiality

Sense of being left with own anger at system

Feeling de-skilled and undervalued-feeling like a ‘trainee’ again

Value and need for specific training on anger

Playing games around anger-inability of therapist to deal with client anger

Not safe to express own emotions at work- ‘unprofessional’

APPENDIX 8: THEME TABLE FOR INTERVIEW THREE

Themes	Page	Key words
Difficult feelings in response to client anger		
Feelings of Helplessness	**4**	I felt more helpless
Physical impact of work	**13**	I haven't got any sugar in my body, I need to go and eat
Overwhelmed by client anger	**4**	This is too much where are we going to start
Exhausted and unable to shift feeling	**5**	Inundated, bombarded by his stuff
Extent of anxiety around anger	**13**	It must paralyse me quite a bit
Working with negative energy and losing hope	**5**	This is pointless
Feelings of panic and fear	**8**	Ahhh they're getting angry I don't like that
Shame over non therapeutic actions	**8**	I'm quite ashamed of the process
Challenging dynamics within the therapeutic relationship		
Relationship breakdown	**3**	I can't work with you anymore
Anger blocking the therapeutic process	**5**	It blocked the work, it totally blocked the work
Wanting to avoid/escape from anger	**6**	We weren't making contact in terms of our eyes and stuff
Manipulating client anger	**8**	I usually squeeze out a lot of the anger
Feeling manipulated by client	**6**	the victim, poor me, poor me, poor me
Value of engaging in a connected way with clients but danger of being contaminated by this	**18**	It would have been good if he could have stayed
Inability to process client's feelings and aid therapeutic process	**10**	I can't bear it so I step out
Feeling stuck and difficulty in shifting client anger	**20**	the next week he was back again being angry and just wanting to stay there
Need for containment		
Prison system as a container	**7**	Taken good precautions
Colluding with client anger for	**6**	I would go along with him until had enough time to compose

protection		myself
Therapeutic boundaries for containment	**26**	I have a sort of bubble around me
Need to gain emotional control- power in relationship	**12**	I want to control/only bring the anger in when I feel it's necessary
Minimising impact of own emotions on client-putting on 'appearance'	**23**	I smile quite a lot
Attempting to contain client- feel client is too vulnerable to explore anger	**12**	being nice according to how they would want session to be or what they can tolerate
Own expression of emotion/ anger viewed as 'unprofessional'	**26**	It's just not the 'done' thing
Challenges of the prison environment when working with client anger		
Prison system fuels client anger	**2**	The environment brings anger
Prison system breeds anger for therapists	**31**	The anger just stays with me
Control versus care	**15**	Trying to keep that divide
Ethical/moral dilemmas over therapist role	**15**	it's not what the skilled helper in my view is supposed to do
Feeling restricted by lack of time/resources to explore roots of anger	**20**	you need a longer counselling relationship, a more creative one
Sense of isolation	**16**	I feel very very separate to them
Feeling powerless in bigger system	**31**	Powerless to make a difference
Acknowledging client meanings around anger in prisons	**4**	It was his total identity, his survival
Feeling de-skilled and undervalued	**31**	Feeling like I'm just a trainee
Tackling stigma around therapy in prisons to increase engagement	**16**	My totally different stuff is fairy stuff
Value and need for specific training on anger	**32**	I don't think as psychologists we handle it very well

APPENDIX 9: TABLE OF THEME PREVALENCE AND EXTRACT SELECTION

Superordinate themes and subthemes	**Prevalence of theme** (number of participants represented in theme)	**Extracts provided in support of theme** (number of participants in brackets)
THREAT		
"*Hammered to the ground like a tent peg*" Threat of burnout	**8**	Joan, Nina, Tracy, David, Grace (5)
"*It's going to get under your skin*" Threat of enmeshment with client	**7**	Sarah, Simon, Tracy, David (4)
"*I wasn't connecting with him at all*" Threat to the therapeutic relationship	**8**	Nina, David, Grace, Heidi (4)
CONTAINMENT		
'Flattened toad effect' Containing own emotional response	**6**	Heidi, Sarah, Tracy, Nina, Joan, David (6)
"*I had my strategic hat on*" The system as a container	**7**	Heidi, Tracy, Simon, David (4)
"*I have a bubble around me*" Containment through the therapeutic framework	**5**	Nina, Tracy, Simon, Joan, Grace (5)